1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed)	MD-501 - Baltimore City CoC
Collaborative Applicant Name:	City of Baltimore - Mayor's Office
CoC Designation:	CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure:	Leadership Advisory Group
How often does the CoC conduct open meetings?	Bi-monthly
Are the CoC meetings open to the public?	Yes
Is there an open invitation process for new members?	No
If 'Yes', what is the invitation process? (limit 750 characters)	
Are homeless or formerly homeless representatives members part of the CoC structure?	No
If formerly homeless, what is the connection to the community?	None

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

We have been identified as a Priority Community by the USICH and HUD. We will be working with the TA providers to assist us with Centralized Assessment. The CoC has an Operations Work Group that has been working to develop the system, but has put that work on hold, at present because the CoC will replace its current HMIS this spring and the functionality of the Central Intake feature in the not-as-yet chosen software will inform how that project will function.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

Written agendas are disseminated prior to the bi-monthly LAG meetings and provided at the meetings.

ESG monitoring takes place annually as part of the routine monitoring conducted by Collaborative Applicant staff. Checklists, based on those used by HUD, are used to review the subrecipients' practices and client files. ESG has been part of the Collaborative Applicant's portfolio of grants for over a decade.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	No
Code of conduct for the Board	No
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Operations	To develop a Coordinated Intake and Assessment System for the CoC	Bi-monthly
Quality Assurance	To develop Standards of Care for the CoC	Bi-monthly
Resource Allocation Committee	To make recommendations to the LAG what programs the private dollars raised through The Journey Home should be spent	semi-annually (twice a year)
75 Journeys Home	To coordinate the Point In Time and Registry Week Activities	Monthly or more
Hands in Partnership	A collaboration of all Outreach providers in the City to ensure reasonable coverage for street outreach activities and reduce duplication of services.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters)

The Resource Allocation Committee of the Leadership Advisory Group meets as necessary to make recommendations for the use of private fundraising dollars raised through the Journey Home campaign (Baltimore City's 10 Year Plan to End Homelessness), which are used for special projects.

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Individual
Public Sector
Private Sector

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	2	23

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	1	0
Substance abuse	0	1	0
Veterans	0	0	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	0	3
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	2	20
Primary decision making group	0	0	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	1	4	1	1	3	3	1

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	1	2	0	0	1	2	1
Substance abuse	1	2	1		1	2	1
Veterans	1	2	1	1	1	2	1
HIV/AIDS	1	2	1	1	1	2	1
Domestic violence	1	2	0	0	0	2	0
Children (under age 18)	1	2	0	1	1	2	0
Unaccompanied youth (ages 18 to 24)	1	2	1	0	1	2	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	0	1	1	1	2	1	1
Authoring agency for consolidated plan	0	2	0	1	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	2	0	1	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	2	0	1	0	0	5
Lead agency for 10-year plan	0	1	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	2	0	1	2	1	1
Primary decision making group	0	1	1	1	2	0	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	11	14	5	9	58	9

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	1	2	1	6	12	0
Substance abuse	1	6	1	4	16	0

Veterans	1	3	0	3	16	0
HIV/AIDS	1	5	0	3	4	0
Domestic violence	0	2	2	1	6	0
Children (under age 18)	0	3	4	3	8	0
Unaccompanied youth (ages 18 to 24)	0	1	2	2	2	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	6	8	1	3	17	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	0	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	10	0	0	0	0	0
Lead agency for 10-year plan	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	2	8	2	3	15	1
Primary decision making group	10	0	4	3	0	8

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply):	c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, e. Announcements at CoC Meetings
Rating and Performance Assessment Measure(s) (select all that apply):	l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, p. Review Match, r. Review HMIS participation status, e. Review HUD APR for Performance Results, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), d. Review Independent Audit, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications.
(limit 750 characters)

Projects must provide proof of Match & Leveraging in order to be submitted for funding. Monitoring findings, Audits, experience, and HMIS participation are all considered when determining whether or not to Re-Allocate funding. In line with Opening Doors, the CoC's 10 Year Plan, and this NOFA, we have prioritized PSH Projects for the chronically homeless; the HMIS project; CoC Planning dollars; and, Safe Havens and SSO grants as these funds cannot be replaced by other sources. PSH and TH projects were subjected to further scrutiny of performance on APRs, specifically in their ability to meet the HUD goals for retention in PH and moves to PH from TH.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?	No

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?	Yes
Voting/Decision-Making Method(s) (select all that apply):	e. Consensus (general agreement)
Is the CoC open to proposals from entities that have not previously received funds in the CoC process?	Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

When we have solicited for new applications, we issued a Request for Proposals that was created based on the New/Bonus application in the NOFA. We drafted a review tool based on the RFP and convened an Independent Review Committee, which rated and ranked the applications. We determined, based on the Bonus funds available which of the highest ranking applications could be funded and worked to include all those that were determined to be fund-able.

Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable
(limit 750 characters)

Overall there was a 2.63% (30 beds) decrease in the number of Emergency Shelter Beds from 2011 to 2012. The total beds in 2011 were 1171, compared to 1141 in 2012. Jobs Housing and Recovery (JHR) had a decrease in beds from 2011(500) to 2012(360). JHR's shelter location has fewer year round beds - reduced from 350 in 2011 to 275 in 2012; and the number of seasonal beds decreased from 150 in 2011 to 85 in 2012. There was a slight increase in beds at 3 programs in 2012: Project PLASE operated 43 beds in 2011 and 50 beds in 2012. Helping Up Mission added 10 Over Flow beds increasing from 2011(50) to 2012(60). Prisoners Aid also added 2 seasonal beds increasing the number of total beds from 2011 (17) to 2012(19).

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable
(limit 750 characters)

There was a 62.22% decrease in the number of HPRP beds from 2011 to 2012. The total number of year round beds in 2011 was 90, compared to 34 in 2012. There was a decrease of 74 beds reported by two providers- Baltimore Healthcare Access (13 beds in 2011 to 1bed in 2012) and St. Vincent De Paul (64 beds in 2011 to 2 beds in 2012). One program (Prisoners Aid) operated 13 beds in 2011, loss funding in 2012; thus reported 0 beds in 2012. There were two providers who reported providing a total of 31 HPRP beds in 2012 and reported 0 in 2011- Associated Catholic Charities (18 beds in 2012) and Healthcare for the Homeless (13 beds in 2012). The reason for the decrease was the cessation of funding.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters)

There is no change in the number of Safe Haven beds in Baltimore City from 2011 to 2012 The number of Safe Haven beds available remains constant at 39.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

There was a 5.62% (73 beds) decrease in the number of TH beds in Baltimore City from 2011 to 2012. The total numbers of beds in 2012 was 1297, compared to 1370 in 2011. Associated Catholic Charities-Project fresh Start had 20 beds in 2011 that decreased to 17 beds in 2012; Jobs Housing and Recovery had 11 beds in 2011 that decreased to 10 beds in 2012; Supportive Housing Group had 88 beds in 2011 that decreased to 84 beds in 2012. Helping Up Mission-House of Freedom had 79 beds in 2011 that increased to 80 beds in 2012. The Baltimore Station had 91 beds in 2011 that increased to 92 beds in 2012.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?	No
If yes, how many transitional housing units in the CoC are considered "transition in place":	

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

The total of PH beds increased 3.5% (75 beds) in Baltimore City from 2011 to 2012. There were 2137 beds in 2011, compared to 2212 in 2012. The increases were: AIRS-DM from 18 in 2011 to 19 in 2012; CC Chris Place from 61 in 2011 to 68 in 2012; CC-Fresh Start from 10 beds in 2011 to 11 in 2012; At Jacob's Well S+C from 20 beds in 2011 to 22 in 2012; MOHS from 5 beds in 2011 to 59 in 2012; Marian House S+C from 27 beds in 2011 to 30 in 2012; PEP Sam from 44 beds in 2011 to 52 in 2012; PLASE S+C from 146 beds in 2011 to 200 in 2012; GEDCO from 39 beds in 2011 to 40 in 2012; and WHC–Scatter S+C from 42 beds in 2011 to 50 in 2012. Slight decreases in MOHS S+C beds from 25 in 2011 to 9 in 2012, and BMHS S+C from 232 in 2012 to 185 in 2011.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:	Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012?	Yes
If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)	
Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):	HMIS plus housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):	Follow-up, Updated prior housing inventory information, Training, HMIS, Confirmation
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need (select all that apply):	Provider opinion through discussion or survey forms, HMIS data, Housing inventory
Specify "other" data types:	

If more than one method was selected, describe how these methods were used together (limit 750 characters)

The Housing Inventory and a PIT report from the HMIS was coupled with a survey of non-HMIS-participating shelters and transitional housing programs helped us to determine the tally of those sheltered on the PIT date. In addition, we conducted a survey of turn-away data from providers, as this is not collected in the HMIS, to guage the unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area:	Single CoC
Select the CoC(s) covered by the HMIS (select all that apply):	MD-501 - Baltimore City CoC
Is there a governance agreement in place with the CoC?	Yes
If yes, does the governance agreement include the most current HMIS requirements?	Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place?	Data Quality Plan, Privacy Plan, Security Plan
Has the CoC selected an HMIS software product?	Yes
If 'No', select reason:	
If 'Yes', list the name of the product:	ROSIE
What is the name of the HMIS software company?	Municipal Information Systems Inc.
Does the CoC plan to change HMIS software within the next 18 months?	Yes

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	08/01/2000
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):	No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

No or Low Participation by non-HUD Funded Providers: Lack of participation by the three major faith-based housing programs is an on-going challenge. MOHS continues to work to strengthen the relationship with these programs. The largest of the three programs, Helping Up Mission (HUM), continues to enter data for 79 overnight beds. MOHS plans to change the HMIS system over the next 18 months; as part of this effort, will continue to reach out to HUM to request they enter data for the 300+ TH beds it currently operates. MOHS will:
*Ensure the selection of a new system with enhanced capacity to provide beyond the basic data needs of the agency;
*Adapt the HMIS to meet the non-participating agencies' data needs, as necessary;
*Communicate how HMIS can help their operation;
*Encourage data and resource sharing for collaboration among other service providers.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?	Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	April	2012
Operating End Month/Year	March	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$356,030
ESG	
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	$356,030

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	$84,770
County	
State	
State and Local - Total Amount	$84,770

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	$440,800

Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

How was the HMIS Lead Agency selected by the CoC? Agency Applied

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency Shelter (ES) beds**	65-75%
*** HPRP beds**	0-50%
*** Safe Haven (SH) beds**	86%+
*** Transitional Housing (TH) beds**	65-75%
*** Rapid Re-Housing (RRH) beds**	0-50%
*** Permanent Housing (PH) beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Monthly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Baltimore City has no project- based HPRP beds at this time. Clients needing rapid rehousing assistance were assisted with units in the private markets. Rapid Rehousing beds are expected to be covered in the HMIS as new project-based beds are developed in the next fiscal year.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	100%
Supportive Services	20%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	2
Transitional Housing	6
Safe Haven	3

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	0%
Date of birth	0%	0%
Ethnicity	0%	1%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	0%	0%
Residence prior to program entry	0%	6%
Zip Code of last permanent address	0%	12%
Housing status	0%	3%
Destination	0%	9%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

Users and the Systems Administrator are both responsible for data quality. Users are trained to search using different identifiers (SSN, Last Name) before adding a new record to the database. They are encouraged to use details, i.e., birth date, middle initial to determine if records are a match. The HMIS will not allow 2 records to have the same SSN. The HMIS software does not allow for null or missing values for any Universal or Program data element. The HMIS Systems Administrator does daily data audits using a series of advanced auditing tools to flag clients with a high percentage of shared identifiers and manually reviews the potential duplicates before combining files to ensure that only true duplicates are eliminated.

How frequently does the CoC review the quality of client level data? At least Monthly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply):	2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR
Indicate which reports the CoC plans to submit usable data (Select all that apply):	2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	Never
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Monthly
Using data for program management:	At least Monthly
Integration of HMIS data with data from mainstream resources:	Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

*** Unique user name and password**	**At least Monthly**
*** Secure location for equipment**	At least Annually
*** Locking screen savers**	Never
*** Virus protection with auto update**	At least Annually
*** Individual or network firewalls**	At least Annually
*** Restrictions on access to HMIS via public forums**	At least Annually
*** Compliance with HMIS policy and procedures manual**	At least Semi-annually
*** Validation of off-site storage of HMIS data**	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Semi-annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Annually

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	X

If 'Yes', indicate date of last review or update by CoC:	09/11/2012
If 'Yes', does the manual include a glossary of terms?	Yes
If 'No', indicate when development of manual will be completed (mm/dd/yyyy):	

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

*** Privacy/Ethics training**	At least Annually
*** Data security training**	At least Annually
*** Data quality training**	At least bi-monthly
*** Using data locally**	At least Monthly
*** Using HMIS data for assessing program performance**	At least Monthly
*** Basic computer skills training**	Never
*** HMIS software training**	At least Monthly
*** Policy and procedures**	At least Annually
*** Training**	At least Monthly
*** HMIS data collection requirements**	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count:	annually (every year)
Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):	01/25/2012
If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?	Not Applicable
Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?	No

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

The data was not submitted timely because the designated staff person did not check the box to submit the PIT data due to an oversight. The data had been input, but the submission did not occur until after the HDX staff informed the CoC that the deadline had been missed.

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	14%	0%	86%
Transitional Housing	0%	13%	0%	87%
Safe Havens	0%	0%	0%	100%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

There was a 12.09% decrease in the sheltered PIT count from 2011 (2,299) to 2012 (2,059). The count of sheltered ES Adults and Children decreased by 52 persons from 2011(208) to 2012(156); and the count of sheltered emergency Adults Only decreased by 176 persons from 2011(887) to 2012 (711). This decrease was due to a loss of beds from moving a large shelter from one location to another. The TH count of Adults and Children increased by 46 persons from 2011 (313) to 2012 (359); this difference was due to an incorrect reporting in 2012 of units rather than beds; and persons in TH for Adults Only decreased by 96 persons from 2011 (891) to 2012 (795).There were a total of 38 persons in Safe Haven reported in 2012; none reported in 2011.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
*** Housing**	The CoC needs to craft a better solution for homeless families. The number of shelter beds available for this population has been on the decline for several years and congregate shelter is not the ideal solution for ending homelessness. There is a need for the development and construction of new affordable housing units in the CoC.
*** Services**	The large number of homeless families indicated on the 2012 sheltered PIT indicates a need for the continued funding of the Education Coordinators at our ES and TH sites.
*** Mainstream Resources**	There is a need for more SOAR-trained professionals in the CoC who can assist clients with accessing mainstream resources in a streamlined and efficient manner. Accessing these resources help clients to obtain and maintain their housing whether it is PSH or PH.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The HMIS and non-HMIS data on the sheltered homeless population were combined to produce the sheltered count. The sheltered population count is a combination of the numbers of persons receiving services from HMIS-participating emergency/overnight shelters and transitional housing programs, with the number of persons housed at the non-HMIS participating providers. The non-HMIS data was collected by contacting various homeless service agencies not covered in the HMIS. Each organization reported the number of individuals that stayed in their facility on January 25, 2012, the night of the sheltered point in time count.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Interviews:	
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

The most recent Point-In-Time Count was conducted on 1/25/12 was for the Sheltered-Only Population. Data from the HMIS (90%) was combined with non-HMIS data (10%) obtained from interviews with the faith-based service providers that comprise the non-HMIS participating programs, to produce the point-in-time count for the subpopulations. Client interaction data from the HMIS was used to enumerate unique individuals who slept in emergency shelters and transitional housing programs on the day of the count. The non-HMIS counts were based on percentages applied respectively to each subpopulation as provided by the non-HMIS participating agencies. Chronically Homeless information was not available from other non-HMIS participants. The HMIS is designed with a series of edits that will not allow the completion of a client intake until the status of chronic homelessness has been satisfied. This combination of data produced a more accurate count of the subpopulation of individuals who slept in emergency, overnight, and transitional housing programs.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	
Training:	
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	X
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

The sheltered population and subpopulation counts for the 2012 PIT were based primarily on data from participating HMIS agencies, which represents about 90% of housing service providers in the continuum. The counts were produced by the HMIS, thus non-duplication techniques were none. Non-HMIS agencies were contacted by telephone for a count of persons sheltered on 1/25/2012 and were interviewed with specific questions regarding the population. Subpopulation data from non-HMIS agencies was not sufficient to include in the counts.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

To produce accurate data on the sheltered populations during 2012 PIT, the following methods were used:
*Remind/Follow-up: MOHS staff contacted shelters by telephone and email to remind providers to update their client records to ensure they were current and to close files of clients who had exited their program.
*HMIS: MOHS and the HMIS Systems Administrator used the R.O.S.I.E. database to verify data collected from HMIS-participating providers for the sheltered count on 1/25/2012.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count?	biennially (every other year)
Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):	01/25/2011
If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?	Not Applicable
Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011
(limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change
(limit 750 characters)

Overall the total unsheltered households increased from 933 (1/22/2009) to 1497 (1/25/2011) a 60% increase; the total persons increased from 1228(1/22/2009) to 1795 (1/25/2011) a 46% increase. The PIT was conducted much more thoroughly in 2011 than previous years. Factors contributing to the increase in 1/25/2011 from the 1/22/2009 PIT include: mandatory training sessions for staff and volunteers; coverage area expanded beyond the downtown area; 22 teams of volunteers canvassed 37 hotspots and 7 hospitals during the hours of 1-6 AM; canvassed public spaces, encampments, and places unfit for human habitation; and surveys were done at 14 day programs and soup kitchens with homeless persons seeking services during the hours of 7 am-3 PM.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):	
Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	X
Other:	
None:	

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

On 1/25/11, 22 teams of volunteers canvassed 37 hotspots and 7 hospitals during the hours of 1:00 AM to 6:00 AM. The coverage was expanded beyond the downtown area to include locations identified by outreach teams participating in the Hands in Partnership (HIP). Each team had a leader who was pre-selected from the HIP. These teams canvassed public places, encampments, and places unfit for human habitation. During the hours of 7:00-3:00 PM on 1/25/11, another group of 75 volunteers in teams of 2-4, depending on the size of the program, was dispersed to 14 day programs and soup kitchens to interview homeless persons seeking services. All volunteers and staff were identified ahead of time by their agency and attended 1 of 6 mandatory training sessions scheduled in the weeks prior to the count. In order to obtain accurate data, the following non-HMIS de-duplication techniques were employed:
* A 7-digit unique identifier code was assigned to each survey administered in the street and day counts
* The individuals surveyed in the day count were asked three qualifying questions:
(1)Did you stay in a homeless shelter last night?
(2)Did you sleep in a place last night other than a homeless shelter?
(3)Have you already been interviewed by someone from our census project?

Using a series of HMIS auditing tools, the data was audited and manually reviewed to eliminate duplicate files.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:	A Combination of Locations
If Other, specify:	

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	X
HMIS:	X
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	X
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

The unsheltered count is a combination of a street count, surveys, and data received from the various service agencies. Given the transient nature of homeless clients and their constant movement from one place to another, these techniques were implemented to minimize double counting--
• A 7-digit unique identifier code was assigned to each survey administered in the street and day counts
• The individuals surveyed in the day count were asked three qualifying questions:
(1) Did you stay in a homeless shelter last night?
(2) Did you sleep in a place last night other than a homeless shelter
(3) Have you already been interviewed by someone from our census project?
Using a series of HMIS auditing tools, the data was audited and manually reviewed to eliminate duplicate files.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan
(limit 1500 characters)

For the continuum there are 4 outreach teams dedicated to serving homeless persons. The teams meet weekly to discuss priority cases and use the Vulnerability Index (VI) to prioritize their cases.

With the help of local stakeholders, we created a “Family VI” to identify families that are most likely to remain in the system for long periods of time unless they are referred to a Permanent Supportive Housing program. The scoring of this tool gives weight to unsheltered families.

Outreach workers using the VI can refer high-scoring families to the Housing First Voucher Program and the MOHS Shelter Plus Care Program for chronically homeless families.

In addition, the CoC has funded several Rapid ReHousing projects using ESG funds that are geared toward families. One provider is using private dollars to expand their project to include shelter diversion for hard to serve families.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation
(limit 1500 characters)

A total of four (4) outreach teams are dedicated to serving homeless persons in Baltimore City . The teams meet weekly to discuss priority cases and use the Vulnerability Index to prioritize their cases and share information about housing resources. Outreach workers using the VI can make referrals to the Housing First Voucher Program.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	172
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	575
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	700
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	700

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

The Housing Authority of Baltimore City has set aside 500 Housing Choice Vouchers to be used by persons who are chronically homeless, with an exception for youth aged 18 to 24 years who score high on the Vulnerability Index, which is the tool the CoC uses to prioritize persons for this resource. The HCV re-cycle and if someone is not successful and they lose their housing, then the HCV goes back into the pool of available HCVs. However, we have approximately an 84% rate of retention for 6 months or longer in this project.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

In addition to the set-aside HCVs, the CoC was funded for 18 CH-dedicated units in the 2010 competition that have yet to be built. Additionally, the 10 Year Plan calls on the CoC to:
*Develop 25 housing projects and an as-yet undetermined number of these will be set-aside for CH individuals and families;
* Support and/or develop alternative housing models that serve homeless households;
* Increase the number of rental subsidies received by homeless households;
* Develop strategies to preserve and upgrade existing affordable housing to households with very- and extremely-low income; and,
* Design approaches for developers to create affordable housing targeted to homeless persons or those at risk of becoming homeless.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)

The CoC will not be able to create enough beds designated exclusively for the use of CH persons and families in order to meet the National goal; however, using our new HMIS and with a dedication to housing the most vulnerable through the Registry Week and use of the Vulnerability Index, we will be able to work with our PH and PSH subrecipients to prioritize available beds/units for this population.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?	86%
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	89%
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	92%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	92%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

*Using the new HMIS and the CoC's Data Committee, identify PH projects performing below 80% and provide technical assistance; and,
* Continue to use City General Revenue funding to retain Housing First case management staff via Health Care for the Homeless, Inc. (HCH) to support CH individuals in CoC-funded projects.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC has consistently exceeded the HUD goal for this Objective. In addition to provide technical assistance and working to find alternate funding to augment the CoC-funded CH projects, the CoC's Quality Assurance Work Group is developing PH standards that are expected to be adopted and added to the CoC's Policies and Procedures.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	67%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	70%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	75%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	85%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

To increase the percentage, the CoC will: 1) Work with the HMIS staff and the CoC Data Work Group to identify the projects that are under-performing and provide technical assistance to: a) assist with improving access to permanent housing for clients; and, b) monitor programmatic issues related to staffing and policies, referral services and linkages to mainstream resources. 2) Move households that have successfully completed the TH program into Housing Choice Voucher or Public Housing units, as appropriate and available through the Housing Authority (the majority of CoC funded TH projects are Project Based Section 8 TH projects).

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The CoC will increase the percentage by: 1) acquiring and developing new permanent supportive housing dollars using City Bond dollars as leverage; 2) working with TH providers that are under-performing to convert to PH or RRH models; and, 3) work with community partners to increase access by homeless persons to employment opportunities that provide sufficient wages, which will allow them to obtain and maintain their own un-subsidized housing.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	27%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	30%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	35%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	50%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more
(limit 1000 characters)

In the next 12 months, the CoC will:
*Follow the requirements for Baltimore Residents First (a City Executive Order that encourages encourage those who do business with City Government to hire City residents);
*Follow HUD's Section 3 requirements;
*With the CoC's Best Practices Work Group, examine Best Practices for employment readiness, training, and placement for persons experiencing homelessness.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more
(limit 1000 characters)**

The CoC will increase the percentage of participants who are employed by:
*Increasing access to employment, training, and occupational internships offered by workforce development partners, using a formal referral process, and establishing joint training opportunities;
*Working with legal service providers to assist clients with expungements of non-convictions and advocate for changes that will allow for the expungement of certain nuisance crime convictions;
*Advocating for increased Federal and State funding for the Workforce Investment Act; and,
*Working to enhance the training of case managers to better assess a client's job readiness and access to existing employment services.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?	33%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	40%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	50%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	60%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC will continue to demonstrate success with this Objective by sustaining the techniques currently utilized in the CoC:
*Outreach workers assist unsheltered clients with benefit applications in the field;
*SOAR-trained outreach workers and case managers complete applications in the field and at provider sites;
*Outreach workers and case managers use the Maryland Department of Social Services' online SAIL program to apply for benefits and SEEDCO's Earned Benefits program to help determine benefit eligibility;
*FQHCs and mental health providers conduct assessments and diagnose in the field clients who are not yet willing to come to their facility for services. This expedites disability benefits and encourages clients to apply for medical insurance.
*One provider holds their outreach workers accountable for a minimum number of approvals for Maryland's Primary Adult Care (PAC) health insurance program;
*Project Homeless Connect

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

*Expand the number of programs that do SOAR applications by including this criteria in funding applications;
*Support more rigorous local "SOAR Certification" in order to ensure that more people in the field are "SOAR experts" rather than just making SOAR applications;
*Train more providers to use the Maryland Department of Social Services' online SAIL program to apply online for benefits and to use SEEDCO's Earn Benefits program to help determine benefit eligibility;
*Annual Project Homeless Connect events - "one stop" model.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	163%
In 12 months, what will be the total number of homeless households with children?	144%
In 5 years, what will be the total number of homeless households with children?	58%
In 10 years, what will be the total number of homeless households with children?	23%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

In the next 12 months, the CoC will:
*Follow the recommendations of the HUD Families Study (of which we are a part) and work to improve conditions that prove challenging for families ability to obtain housing;
*Work with community partners to create a Shelter Diversion and Rapid Re-Housing program;
*Create a Coordinated Intake process that focuses on Shelter Diversion, Homeless Prevention, and Emergency Shelter bed creation; and,
*Continue to utilize the modified Vulnerability Index to prioritize vulnerable families for housing resources.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC will create and maintain a supply of housing sufficient to re-house homeless households with children and meet the needs of those at-risk of homelessness. These families will have access to affordable housing and will receive the supportive services necessary to remain stably housed as follows:
*With community partners, support and/or develop alternative housing models that serve homeless families;
*Increase teh number of rental subsidies received by homeless families;
*Develop strategies to preserve and upgrade existing affordable housing for low and very-low income households; and,
*Design approaches for developers to create affordable housing using City Bond dollars as a leveraged resource.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation:	0
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

At present, the CoC is not intending to reallocate SSO projects.

**If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)**

At present, the CoC is not intending to reallocate TH projects.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The State of Maryland is required to provide discharge planning for youth aging out of foster care. Additionally, the state provides the Independent Living Aftercare Program for youth aged 18 to 21 years have the opportunity to continue learning and practicing independent living skills and activities for up to 6 months after discharge, with extensions granted with authorization from the local director of DSS/designee. They are required to have an identified adult to provide support. Services may be discontinued for youths that fail to comply with the terms of the Service agreement. Program participants are not discharged into homelessness. At age 21, the local DSS refer the youth to its Office of Adult and Family Services or other agencies for continuing support to maintain independence.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The agency responsible for ensuring that persons being discharged from a system of care are not discharged into homelessness is the State Department of Human Resources, specifically the local Department of Social Services which sits within this state agency.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Restoration Gardens – a permanent housing residence for youth with its project based Section 8 vouchers is often where youth are discharged from foster care. For those who find themselves without stable housing there are two non-McKinney-Vento funded programs that can assist: City Steps' Carriage House – a drop in center and transitional living program funded through the Runaway and Homeless Youth Initiative from DHHS; and, the Maryland Foster Care Youth Resource Center, which provides information and referrals and a Rapid Re Housing program.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

There is currently no Formally Adopted Discharge Policy for health care; however, this is part of our 10 Year Plan to End Homelessness.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Health Care for the Homeless, a CoC partner agency, is funded to provide a Convalescent Care Program (CCP) at the Housing and Resource Center a 24 hour/7 day week emergency shelter. The program is a respite program for persons discharged from hospitals who need a place to convalesce. There is a nurse case manager who coordinates the program and a dedicated case manager to connect clients to other necessary services. There are 25 beds in this CCP-dedicated dorm, 6 handicap-accessible bathrooms, 3 with tubs and 3 with roll-in showers, an exam room, private offices for the nurse and case manager, and a day room. This program is funded through private donations through The Journey Home, state, and local dollars.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Other than the CCP, there is no comprehensive discharge policy for hospitals in our area. The creation and implementation of such a policy is an identified need in our 10 Year Plan to end homelessness. A coalition of healthcare providers in England recently issued a report on best practices for hospital discharge for homeless persons, which we plan to use as the starting point for negotiations with area hospitals. The current Chair of our CoC Decision Making Body is the Board Chair of a major metropolitan hospital, which is in the heart of the urban core and serves many of the homeless in Baltimore City, and will be instrumental in this process.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The CoC has a number of hospitals: Bon Secours Baltimore Hospital, Good Samaritan Hospital of Maryland, Harbor Hospital, James Lawrence Kernan Hospital, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Levindale Hebrew Geriatric Center and Hospital, Maryland General Hospital, Mercy Medical Center, St. Agnes Hospital, Sinai Hospital of Baltimore, Union Memorial Hospital, University of Maryland Medical Center, VA Baltimore Hospital. Additionally, there are a number of hospitals in surrounding CoCs. These are the stakeholders we plan to convene in order to ensure that persons are not discharged into homelessness.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Where persons routinely go upon discharge is largely dependent upon their medical status. If they are unable to attend to their own activities of daily living (ADL), then a nursing facility or rehabilitation center is warranted. If they are in need of convalescent care and capable of attending to their own ADLs, then they may use the CCP described above. In the last calendar year (1/1/11 – 12/31/11), 3% of those served by HMIS-participating homeless service providers asserted that they had spent the prior night in the hospital; 70% of those persons were served in non-McKinney-Vento-funded Emergency Shelters.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The State of Maryland's Health – General Article of Annotated Code 10-809 governs discharge policy for publicly funded psychiatric facilities. The Maryland Department of Health and Mental Hygiene (DHMH) has created policies to reinforce this statute and also provides funding to provide mental health services in the local detention centers which also includes discharge planning. DHMH promotes policies that discourage the discharge of individuals from hospital to homelessness. Each facility is required to prepare a written aftercare plan before release of an individual from hospital and must include medical care, psychiatric care, housing, vocational and social rehabilitation, case management, and other supportive services.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

BMHS, BSAS, DHMH, Department of Public Safety and Correctional Services, local hospitals, Baltimore Crisis Response, Inc.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Individuals routinely go to assisted living programs and other non-McKinney Vento funded housing programs, such as Residential Rehabilitation and Supported Housing Programs, and conventional housing available in the community in combination with services available through the public mental health system.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

There is collaboration between the MOHS and the State Department of Public Safety and Correctional Services (DPSCS) regarding discharge planning for ex-offenders. DPSCS has implemented a discharge plan process; all inmates are encouraged to attend an Exit Orientation to discuss their Home Plans (such as medical, mental health, addictions, housing, etc.) and the resources available to them. DPSCS is working to improve its re-entry process and has specifically targeted housing as one of the key areas.

Additionally, the MOHS employs a Re-Entry Program Coordinator to work with DPSCS to ensure that strategies are being developed so that persons are not routinely discharged into homelessness. Efforts are underway to complete an MOU regarding the Housing Choice Voucher Program for Ex-Offenders through the Housing Authority of Baltimore City (HABC).

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

DPSCS, State Department of Housing and Community Development, HABC, MOHS, Department of Health and Mental Hygiene, and Department of Human Resources are responsible for ensuring that persons are not routinely discharged into homelessness.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

For returning citizens who lack permanent housing, there are a small number of half-way houses or transitional housing programs that are not McKinney-Vento funded. Otherwise, persons who have no identified housing at the time of discharge are routinely directed to the City's Housing and Resource Center, a homeless shelter funded through City General Funds.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:	Priority IV: Develop a Comprehensive Approach to End Homelessness The Journey Home – Baltimore City's 10-Year Plan to End Homelessness addresses all of the Priorities outlined by HUD in the Consolidated Plan guidance document, which are: 1) Helping low-income families avoid becoming homeless; 2) Reaching out to homeless persons and assessing their needs; 3) Addressing the emergency shelter and transitional housing needs of homeless persons; and, 4) Helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

Several programs have been funded through ESG to serve as Rapid Re-Housing projects. One such program is working with the United Way of Central Maryland as a Shelter Diversion and Rapid Re-Housing program – this program, while still in the planning stage will target families that are difficult to serve in congregate shelters and will divert those families into units wherein the family can transition in place. We are working with our Housing Authority, which is a Moving To Work agency, to convert some of our Housing Choice Vouchers into their cash equivalent in order to provide greater flexibility for this project. If this proves successful, then we will likely expand it.

Additionally, our Coordinated Intake planning incorporates Shelter Diversion, Prevention, and Shelter Bed Placement with the intent that we are targeting the least invasive, least expensive intervention for those persons experiencing a housing crisis.

**Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?
(limit 2500 characters)**

Both HOPWA and ESG are administered by the Collaborative Applicant. The subrecipients for these programs are part of our Provider Group of our CoC and these funds are distributed through our Consolidated Funding application, through which the majority of the CoC's emergency/temporary housing and services are funded. Many of the agencies that are funded through the Collaborative Applicant, either through HOPWA, ESG, or HAG funds are also funded through CDBG.

The Collaborative Applicant assisted the Housing Authority on a project based VASH application; unfortunately, it was unsuccessful. However, the VA plays an integral role in our CoC's outreach team meetings. They have pledged VASH vouchers for our Registry Week.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes
If 'Yes', describe the established policies that are in currently in place:	All of the family-serving programs within the CoC, regardless of funding, are required to have an identified staff member to coordinate this connection.

**Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services
(limit 1500 characters)**

In 2011, a Student School Stability Work Group was convened in Baltimore City; a joint effort of Baltimore City Public Schools (BCPS), The Abell Foundation, Public Justice Center, National Association for the Education of Homeless Children and Youth, and Open Society Institute. 9 broad recommendations emerged: 1) Adopt new policy and regulations governing BCPS' procedures for identifying and serving homeless students; 2) Replace "homeless" with "McKinney-Vento Eligible" (MVE); 3)Hire at least 1 full-time homeless liaison to implement district-wide policies and practices for identifying, serving and removing barriers to success for MVE children; 4) A full-time staff member at each school to serve as a school-based liaison to strengthen the identification of, enrollment of, and service to MVE students; 5) Engage Student Support Teams in identifying and coordinating services for MVE students; 6) Improve data systems to better identify, serve, and monitor the achievement of MVE students; 7) Provide prompt access to transportation services; 8) Maximize use of current resources and generate new sources of funding and support; and, 9) Launch campaign to raise awareness and reduce stigma for MVE students. These recommendations are currently being implemented.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

We have been discussing this issue in our CoC meetings since the HEARTH Act was passed in 2009. One congregate shelter has been given a private grant to renovate their facility into family units so that they are able to accomodate all types of families. In addition, additional programs have been funded for RRH and shelter diversion programs. The local Department of Social Services is working with providers on how best to use their motel program to accomodate families while they search for RRH units.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

The CoC funds three agencies that primarily serve veterans: Maryland Center for Veteran's Education and Training (MCVET) – this agency receives funds for its emergency shelter, transitional housing, and SRO programs; the Baltimore Station, which provides treatment-based interventions and transitional housing for, primarily, veterans; and, Project PLASE – a facility primarily serving those with HIV/AIDS and veterans. MCVET employs an outreach worker and the VA is critical member of the Hands In Partnership Outreach collaborative that meets weekly to discuss cases and identify persons who are willing to accept available housing resources. This effort is consistent with our strategic plan goals as the primary goal is to make homelessness rare and brief – amongst all populations.

Several projects/programs for veterans are emerging in the CoC – the Collaborative Applicant is a willing partner for these agencies to expand services to this population, especially women veterans with children – an underserved population in our CoC. The CoC's 10 Year Plan includes provision for developing permanent supportive housing for veterans.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future
(limit 1500 characters)

The State's only two Basic Shelters for runaway and homeless youth are located in the CoC; these shelters, run by Loving Arms, Inc. and Rose Street, serve children under 18 years of age. Additionally, the State's only Transitional Living Program (Carriage House) is located here; it is operated by City Steps (a subsidiary of AIRS), it serves youth aged 18 - 24. AIRS also operates Restoration Gardens, a project-based Section 8 building with 43 efficiency and one-bedroom units with voluntary services on-site. Y.E.S. (Youth Empowered Society) recently opened a drop-in center for youth, which operates from 3 – 8 p.m. daily and provides a myriad of services including health screenings and counseling. Maryland Foster Care Youth Resource Center provides services to former foster care youth – many of whom are homeless or unstably housed; they recently began a rapid rehousing/temporary housing and employment program. The local Health Care for the Homeless opened a pediatrics clinic at their new facility & they provide on-site services to the youth in all of the above-mentioned programs.

This effort is consistent with our strategic plan goals as the primary goal is to make homelessness rare and brief – amongst all populations. The CoC is revising the 10 Year Plan and has included youth serving and youth stakeholders in the process to better represent their interests.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

The CoC Program, HOPWA, and ESG are all administered out of the Mayor's Office of Human Services – Homeless Services Program. ESG is included in the Office's Consolidated Funding Application, which includes a myriad of State programs and HOPWA. An Independent Review Committee, comprised of members of the CoC, is convened to determine which applications align most closely with the CoC's 10 Year Plan to End Homelessness, which is the basis of the Consolidated Plan as it relates to Homelessness and HOPWA-funded projects.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

The CoC has many avenues to reach those least likely to specifically request housing or related services. The City's Community Action Partnership Centers and Head Start sites reach a large portion of low to moderate income families who are struggling with housing and other housing related issues. Case managers there are able to identify families in need of housing assistance and connect them with CoC resources. The United Way focuses on assisting persons to meet Basic Needs and they market the projects they fund.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, “Opening Doors,” and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

Yes; however, the CoC is comprised of coordinated housing and service programs that were developed to meet the needs of the homeless population at the time of their creation. The system can be considered “ad hoc.” Through the CoC’s participation in technical assistance such as the NAEH HEARTH Implementation Clinic, the CoC is working toward creating a system that better meets the needs of homeless individuals and families. Additionally, the CoC is working to revise the 10 Year Plan and to create a Governance Structure for the CoC that not only complies with the CoC Interim Rule, but, more importantly, gives the greatest support and positive impact {or something like that} for the jurisdiction.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The Collaborative Applicant is also the recipient for the ESG and HOPWA funds for the CoC. The Collaborative Applicant is one of the authors for the Consolidated Plan.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The CoC is in the process of completing its first revision to the 10 Year Plan. We have not yet determined the frequency with which we will undertake future revisions.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

Many of goals in “Opening Doors” are already in the CoC’s 10 Year Plan, specifically Objectives 3, 4, 5, and 10. However, as we revise The Journey Home we are being intentional about including the Federal Strategic Plan’s goals that are not currently included. There will be more emphasis placed on serving families and youth than in the previous iteration; increased collaboration, leadership, and civic engagement are integral to the success of the Plan, as well.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):	Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

The Collaborative Applicant is also the recipient for the ESG funds for the jurisdiction. MOHS-HSP issues a Request for Proposals (RFP) for the provision of services to homeless individuals and families and those at-risk of homelessness and supportive services for persons living with HIV/AIDS. The Consolidated Funding Application, so named, because one application is issued for 6 different State and Federal funding sources. Providers submit their applications describing the work they intend to perform, and MOHS-HSP, with the assistance of an Independent Review Committee (IRC), determines which applications to fund and which funding sources are eligible for use on the selected project. The IRC includes, but is not limited to members of the Journey Home Leadership Advisory Group, business leaders, other government agencies, and formerly homeless persons.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?	No
If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?	

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?	No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	500	**Beds**	172	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	90	**%**	86	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	60	**%**	67	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	20	**%**	27	**%**
Decrease the number of homeless households with children	273	**Households**	163	**Households**

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

*The set-aside Housing Choice Vouchers have not been added to the e-HIC; had they been, the CoC would have met the goal.
*The goal of 90% of project participants maintaining their housing for 6 months or longer was not met; in fact, the CoC performance decreased over the year. The unfortunate explanation is that the APR data used in the 2011 contained some transposition errors that were not caught until the data analysis for this question occurred.

How does the CoC monitor recipients' performance? (limit 750 characters)

The Collaborative Applicant is also the HMIS Lead Agency and, as such has access to the data of the CoC-funded recipients. MOHS-HSP participates in HomeStat, which was designed to maximize personal accountability by requiring City agencies to provide analysts with metrics representing performance. During monthly meetings with the Office of the Mayor, MOHS/HSP must examine the performance of its funded agencies and propose solutions for any sub-standard performance to be carried out in an efficient manner. There are four components of services: Outreach & Engagement, Homeless Prevention, Temporary Housing (including emergency and transitional), and Permanent Housing.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The CoC holds quarterly Shelter Plus Care meetings with staff of subrecpient agencies. Each meeting covers a different topic, some examples of past topics include how to adequately document case notes and trauma-informed care. This meeting is an informal way for subrecipients to learn from one another and carry forward best practices that are happening in the CoC. Additionally, using the HUD goals as a baseline, the CoC's Quality Assurance Work Group is developing a set of minimum standards for each type of service offered throughout the CoC, for example, emergency shelter, transitional housing, etc. Finally, providing technical assistance for underperforming subrecipients and working collaboratively with them to determine what are the causes of their under-performance.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

Project monitoring of the subrecipients indicates areas in which a subrecipient has a weakness. Targeting the areas of weakness and working collaboratively with the poor performing agency on those areas is key. Providing appropriate interventions and follow up monitoring is essential.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
0	0	$0
	Total	$0

What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)

The HMIS counts the consecutive days that an individual or family remains in specific programs; however, it aggregates the time that a client has been in the system.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

The CoC is in the process of replacing its HMIS, in part, in an effort to better track incidence and longevity of homelessness.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)

Hands In Partnership (HIP), a weekly meeting of the homeless outreach teams, coordinates outreach providers to provide a city-wide, unified, responsive homeless outreach system. Teams use the Vulnerability Index in order to determine which clients are most vulnerable and try to prioritize resources to them. Additionally, outreach workers assist unsheltered clients with benefit applications in the field.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)

The City's 10-Year Plan to end homelessness states: "By 2018, Baltimore City will have sufficient capacity to identify and respond to individuals and families at risk of homelessness, to provide immediate short-term outreach and emergency shelter to those who are homeless, and to transition from emergency shelter to permanent housing with appropriate supportive services within 30 days." Objective One under this goal is to "develop a system of services that prevents individuals and families from becoming homeless". This language is also included in the CoC's Consolidated Plan and Annual Action plans regarding ESG.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	853	476
2011	519	387
2012	308	172

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

For the CH dedicated resources, the CoC requires: 1) proof of current eligible homeless status (shelter, street, Safe Haven, or hotel/motel paid by an agency); 2) Proof of eligible homeless history (1 consecutive year or 4+ episodes, only counting stays in the above mentioned places); and 3) proof of disability.

Additionally, our HMIS automatically designates someone as chronically homeless if there is enough information in the system to make such determination.

Unsheltered persons and those who stay in non-HMIS shelters do not usually have enough informatino recorded in the HMIS to be identified this way, so we rely on the Outreach Workers to supply the documentation about these people. We are working with our HMIS vendor to allow the Outreach Worker to designate someone as CH in the HMIS noting that "documentation is on file" at the outreach worker's agency.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 36

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

The number of PH beds for the CH has shown a marked decrease in the past 2 years because the data was captured erronously; the surveyed subrecipients indicated which beds housed CH clients, rather than which beds were designated for the CH-only. Steps have been taken to correct these sorts of errors in the future, including the hiring of a new HMIS Director and the establishment of a Data Work Group for the CoC.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$0	$0	$0	$0	$0
Total	$0	$0	$0	$0	$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	403
b. Number of participants who did not leave the project(s)	2128
c. Number of participants who exited after staying 6 months or longer	353
d. Number of participants who did not exit after staying 6 months or longer	1826
e. Number of participants who did not exit and were enrolled for less than 6 months	302
TOTAL PH (%)	86

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	561
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	375
TOTAL TH (%)	67

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 759

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	200	26%
Unemployment insurance	9	1%
SSI	97	13%
SSDI	61	8%
Veteran's disability	9	1%
Private disability insurance	2	0%
Worker's compensation	0	0%
TANF or equivalent	44	6%
General assistance	117	15%
Retirement (Social Security)	7	1%
Veteran's pension	10	1%
Pension from former job	1	0%
Child support	11	1%
Alimony (Spousal support)	0	0%
Other source	54	7%
No sources (from Q25a2.)	226	30%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 759

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	235	31%
MEDICAID health insurance	36	5%
MEDICARE health insurance	9	1%
State children's health insurance	1	0%
WIC	0	0%
VA medical services	1	0%
TANF child care services	4	1%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	0	0%
Other source	7	1%
No sources (from Q26a2.)	505	67%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more?	

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?	No

If 'Yes', describe the process and the frequency that it occurs:

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	No

If 'Yes', indicate all meeting dates in the past 12 months:

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If 'Yes', identify these staff members:	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff:	Yes

If 'Yes', specify the frequency of the training: quarterly (once each quarter)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Food Stamps (SNAPS), Social Security, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Veterans Affairs Compensation (VA), Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), Veterans Affairs Health Care (VA), One-Stop Career Center System

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

January 10, 2012 – One day refresher training, Baltimore City
February 15 & 16, 2012 – Baltimore County + Harford County (Baltimore City participants)
June 5 & 6, 2012 – Baltimore City + County training
June 11 & 12, 2012 – Cross County training – Howard County (Baltimore City participants)
October 23 & 24, 2012 – Cross County training – Baltimore County (Baltimore City participants)
December 11 & 12, 2012 – Cross County training – Howard County (Baltimore City participants)

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	95%
The CoC's HMIS has a presumptive eligibility feature that is available for use by the subrecipients. Clients are assessed at intake for their needs and referred, as needed.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	50%

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%
The CoC does not have a single application form.	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	95%
4a. Describe the follow-up process:	
All clients who are referred for mainstream benefits receive systematic follow up with a case manager.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/10/2013
CoC-HMIS Governance Agreement	No	COC HMIS Governan...	01/15/2013
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certification of Consistency

Attachment Details

Document Description: COC HMIS Governance Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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1D. Member Organizations	01/15/2013
1E. Project Review and Selection	01/17/2013
1F. e-HIC Change in Beds	01/17/2013
1G. e-HIC Sources and Methods	01/15/2013
2A. HMIS Implementation	01/11/2013
2B. HMIS Funding Sources	12/13/2012
2C. HMIS Bed Coverage	12/27/2012
2D. HMIS Data Quality	01/11/2013
2E. HMIS Data Usage	12/19/2012
2F. HMIS Data and Technical Standards	12/11/2012
2G. HMIS Training	12/11/2012
2H. Sheltered PIT	01/15/2013
2I. Sheltered Data - Methods	12/21/2012
2J. Sheltered Data - Collections	01/11/2013
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/11/2013
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2N. Unsheltered Data - Coverage	12/27/2012
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Objective 5	01/15/2013
Objective 6	01/11/2013
Objective 7	01/17/2013
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3B. CoC Discharge Planning: Health Care	01/07/2013
3B. CoC Discharge Planning: Mental Health	01/07/2013
3B. CoC Discharge Planning: Corrections	01/07/2013
3C. CoC Coordination	01/15/2013
3D. CoC Strategic Planning Coordination	01/07/2013
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4C. Housing Performance	12/28/2012
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4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/15/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/15/2013
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Approval No. 2506-0112 (Exp. 7

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: City of Baltimore - Mayor's Office of Human Services

Project Name: CoC Program Application

Location of the Project: Baltimore, MD

Name of the Federal Program to which the applicant is applying: Continuum of Care Program Competition

Name of Certifying Jurisdiction: City of Baltimore

Certifying Official of the Jurisdiction Name: Stephen Janes

Title: Assistant Commissioner, Baltimore City DHCD

Signature: Stephen Janes

Date: November 19, 2012

Baltimore Mental Health S	PEP Mobile Outreach and Treatment Project	MD0059B3B011104
Projects - City of Baltimore	JHR, Inc. - Carrington House THP	MD0048B3B011104
Projects - City of Baltimore	Mercy Medical Center - Supportive Housing Project	MD0056B3B011104
Projects - City of Baltimore	Catholic Charities - Project FRESH Start PHP	MD0030B3B011104
Projects - City of Baltimore	Project PLASE - Medically Fragile SRO	MD0069B3B011104
Projects - City of Baltimore	WHC - Bennett House SRO	MD0082B3B011104
Projects - City of Baltimore	JHR, Inc. - Lighthouse 1	MD0046B3B011104
Projects - City of Baltimore	At Jacob's Well PHP	MD0018B3B011104
Projects - City of Baltimore	GEDCO SPC Case Management	MD0042B3B011104
Baltimore Mental Health S	HOPE Ethel Elan Safe Haven	MD0037B3B011104
Baltimore Mental Health S	UMMS SSI Project	MD0079B3B011104
Projects - City of Baltimore	Marian House - TAMAR 2 PHP	MD0060B3B011104
Projects - City of Baltimore	Project PLASE - Medically Fragile THP	MD0066B3B011104
Projects - City of Baltimore	HPRP - Legal Services Project	MD0045B3B011104
Projects - City of Baltimore	Marian House- Serenity Place PHP	MD0052B3B011104
Projects - City of Baltimore	WHC - Calverton Residence PHP	MD0083B3B011104
Projects - City of Baltimore	Catholic Charities - My Sister's Place Lodge THP	MD0029B3B011104
Projects - City of Baltimore	MOHS-HMIS Project	MD0021B3B011104
AIDS Interfaith Residentia	AIRS SHP Youth 2011	MD0015B3B011104
Projects - City of Baltimore	JHR, Inc. - Carrington House Expansion THP	MD0047B3B011104
Projects - City of Baltimore	GEDCO - Harford House and Micah House SRO Programs	MD0038B3B011104
Projects - City of Baltimore	SVdP - Frederick Ozanam House THP	MD0076B3B011104
Projects - City of Baltimore	Newborn, Inc. - Martha's Place PHP	MD0058B3B011104
Projects - City of Baltimore	People Encouraging People, Inc - Samaritan Program	MD0011B3B011102
Projects - City of Baltimore	JHR, Inc. - Lighthouse 2	MD0012B3B011103
Projects - City of Baltimore	Women Accepting Responsibility, Inc. - PHP	MD0089B3B011104
Projects - City of Baltimore	House of Ruth- THP	MD0044B3B011104
Projects - City of Baltimore	The Salvation Army-Booth House S.A.I.L. THP	MD0078B3B011104
Projects - City of Baltimore	SVdP - Cottage Avenue Community THP	MD0075B3B011104
Projects - City of Baltimore	SVdP - Beans and Bread Outreach Center Project	MD0074B3B011104
Projects - City of Baltimore	Health Care Access Maryland, Inc. - City Wide Outreach Project	MD0020B3B011104
Baltimore Mental Health S	UMMS Safe Haven	MD0080B3B011104
AIDS Interfaith Residentia	AIRS SHP GYFLC 2011	MD0091B3B011104
Baltimore Mental Health S	HOPE Wellness and Recovery Center Project	MD0041B3B011104

Projects - City of Baltimore	WHC - Jenkins House Family Program	MD0013B3B011102
Projects - City of Baltimore	WAR - Responsibility Matters PHP	MD0039B3B011104
Projects - City of Baltimore	YWCA - Druid Heights THP	MD0092B3B011104
Projects - City of Baltimore	Catholic Charities - Christopher Place THP	MD0028B3B011104
Projects - City of Baltimore	Manna House - Soup Plus Project	MD0050B3B011104
Projects - City of Baltimore	SVdP - Home Connections PHP	MD0077B3B011104
Projects - City of Baltimore	Catholic Charities - REACH Combined	MD0027B3B011104
Projects - City of Baltimore	WHC- Susanna Wesley House Family PHP	MD0086B3B011104
Projects - City of Baltimore	Project PLASE - Scattered Site PHP	MD0068B3B011104
Baltimore Mental Health S	Johns Hopkins Hospital Project	MD0049B3B011104
Projects - City of Baltimore	Marian House - TAMAR PHP	MD0063B3B011104
Projects - City of Baltimore	VOA-Pratt House THP	MD0081B3B011104
Projects - City of Baltimore	Dayspring Village - THP	MD0036B3B011104
Projects - City of Baltimore	SVdP Home Connections II - Samaritan Program	MD0249B3B011102
Baltimore Mental Health S	Bon Secours Project	MD0026B3B011104
AIDS Interfaith Residentia	AIRS SHP Case Management 2011	MD0014B3B011104
Projects - City of Baltimore	SHG, Inc. - Lanvale Institute Residential THP	MD0070B3B011104
Projects - City of Baltimore	MCVET - THP	MD0055B3B011104
Projects - City of Baltimore	Catholic Charities - Project Believe PHP	MD0061B3B011104
Projects - City of Baltimore	Marian House - PH	MD0051B3B011104
Projects - City of Baltimore	St. Ambrose Housing Aid Center - PHP	MD0071B3B011104
Projects - City of Baltimore	MOHS - Homeward Bound Housing First Expansion PHP	MD0253B3B011101
Projects - City of Baltimore	WHC - Scattered Site Housing PHP	MD0084B3B011104
Projects - City of Baltimore	Marian House THP	MD0053B3B011104
Projects - City of Baltimore	Dayspring Programs - PHP	MD0034B3B011104
Projects - City of Baltimore	MOHS-Homeward Bound PHP	MD0022B3B011104
Projects - City of Baltimore	WHC- Family Scattered Site S+C	MD0087C3B011104
Projects - City of Baltimore	AIRS Shelter Plus Care Program	MD0016C3B011104
Projects - City of Baltimore	WHC- Bennett House S+C	MD0088C3B011104
Projects - City of Baltimore	WHC - Scattered Site Housing S+C	MD0085C3B011104
Projects - City of Baltimore	At Jacob's Well - S+C	MD0017C3B011104
Projects - City of Baltimore	Marian House - S + C	MD0054C3B011104
Projects - City of Baltimore	BMHS, Inc. - Project-Based S+C	MD0023C3B011104

Projects - City of Baltimore	Dayspring Programs - S+C	MD0025C3B011104
Projects - City of Baltimore	BMHS, Inc.- Sponsor-Based S+C	MD0024C3B011104
Projects - City of Baltimore	Marian House S+C Expansion (formerly Mt. Calvary H.T. S+C)	MD0057C3B011104
Projects - City of Baltimore	Dayspring Programs - Tenant Based S+C	MD0033C3B011104
Projects - City of Baltimore	GEDCO - S+C	MD0043C3B011104
Projects - City of Baltimore	Women Accepting Responsibility, Inc. - S+C	MD0090C3B011104
Projects - City of Baltimore	Project PLASE - S+C	MD0065C3B011104
Projects - City of Baltimore	St. Ambrose Housing Aid Center - S+C	MD0073C3B011104
Projects - City of Baltimore	Catholic Charities Project Believe S+C	MD0062C3B011104
Projects - City of Baltimore	WAR - Responsibility Matters S+C	MD0040C3B011104
Projects - City of Baltimore	Marian House TAMAR S+C	MD0064C3B011104
Projects - City of Baltimore	MOHS - Housing First S+C	MD0019C3B011104
Projects - City of Baltimore	Continuum of Care Planning	

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The Baltimore City Continuum of Care

HMIS Policies and Procedures

Revised 9/11/12

Mayor's Office of Human Services
Homeless Services Program
4 S. Frederick Street
Baltimore, MD 21202

Table of Contents

Introduction

The Homeless Management Information System (HMIS) is administered in Baltimore City by the Mayor's Office of Humans Services, Homeless Services Program (HSP). The Homeless Services Program is an agency of Baltimore City government that contracts with the Municipal Information Systems, Inc. (MISI) to maintain an online database to record and retrieve client-level and systems level data. The project utilizes the Regional On-line Service Information Exchange (ROSIE), a HIPAA compliant web-based system, to assist homeless service organizations across the city of Baltimore to capture information about the clients that they serve.

Agencies that participate in ROSIE have access to a common set of tools, and agree to uphold standards of privacy and confidentiality as a condition of continued use. Staff of Partner Agencies may enter data on clients and services, case plans and client goals, follow-up actions, and referrals to other agencies. Helpdesk services are provided by MISI daily to agencies and users participating in the system.

In using ROSIE, Baltimore City's Homeless Management Information System (HMIS) meets the requirement of the U.S. Department of Housing and Urban Development (HUD) and the Maryland Department of Housing and Community Development (DHCD). It may also satisfy the requirements of other funding sources.

This document provides the policies, procedures, guidelines, and standards that govern ROSIE, as well as roles and responsibilities for authorized representatives and Partner Agencies.

Definitions

Terms

In this Policy and Procedures Manual ("Policy and Procedures"), "Partner Agencies" are all Agencies participating in ROSIE; "User" is a person accessing the ROSIE system, and "Client" is a customer of services at a Partner Agency. "HMIS staff" includes the following:

1. HMIS Director – responsible for the implementation and oversight of ROSIE
2. HMIS Program Administrator – responsible for training and technical assistance of users; monitoring participating agencies for data quality and compliance to standards for ROSIE; and HUD reporting systems.
3. Research Analyst I – responsible for compiling data from ROSIE for regulatory reports to the State of Maryland; uses ROSIE and other identified sources to collect, compile, verify and review data

and statistics on homelessness for use in proposals, presentations, and recommendations.

Personally Identifying Information

Data is considered “personally identifying” if it can be used alone or in combination with another data source to identify an individual. This includes, but is not limited to: name, date of birth, social security number, telephone number or numbers, any part of an address, and any other characteristic that could uniquely identify the individual.

Governing Principles

Described below are the overall governing principles upon which all other decisions pertaining to the operation of HMIS in Baltimore City are based.

Data Integrity

Data is the most valuable asset of ROSIE in Baltimore City. It is the responsibility of each and every user to protect data from unauthorized release, disclosure, modification, or destruction. Partner Agencies are also required to input at least the minimum data requirements as prescribed by the HUD Homeless Management Information Services (HMIS) Data Standards Revised Notice (March 2010).

Access to Client Records

Only staff who work directly with clients or who have administrative responsibilities will receive authorization to look at, enter or edit client records.

No client record will be shared electronically with another agency without written client consent.

A client has the right to not answer any question and may not be denied service as a result, unless entry into a service program requires it.

A client has the right to review the contents of their record, know who has viewed and edited it, and to request correction of inaccuracies.

Computer Crime

Partner Agencies must comply with relevant state and federal laws. These include but are not limited to those regarding: unauthorized disclosure of data, unauthorized modification or destruction of data, programs, or hardware; theft of computer services; illegal copying of software; invasion of privacy; theft of hardware, software, peripherals, data, or printouts; misuse of communication

networks; promulgation of malicious software such as viruses; and breach of contract. Perpetrators may be prosecuted under state or federal law, held civilly liable for their actions, or both.

End User Ethics

Users are authorized to use the ROSIE for the legitimate business purposes of a Partner Agency and in the interests of their clients. Users may not use the ROSIE for personal purposes, to defraud any entity, or to conduct any illegal activity. Minimal precautions to secure client data include the protection of usernames and passwords, maintenance of anti-virus software, and proper storage or disposal of all documents containing personally identifying information.

Resources

This Document is based with permission upon the University of Massachusetts Boston's "CSPTech Policies and Procedures" and Virginia's Continuum of Care, Homeward Community document titled, "Homeward Community Information System: Policies and Procedures 2.0.1".

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

1.1 Baltimore City HMIS Governing Structure and Management

Policy: Homeless Services Program HMIS staff shall manage the structure that supports the Baltimore City HMIS Program.

The staffing of HMIS shall be:

(a) HMIS Director
(b) HMIS Program Administrator
(c) Research Analyst I
(d) Database Specialist (Intern)

The HMIS Unit structure will adequately support the operations of the Baltimore City HMIS according to the Guiding Principles described in the Introduction. The responsibilities of HMIS staff will be apportioned according to the information provided below.

The HMIS Director is responsible for the implementation of HMIS to all service providers in the Baltimore City Continuum; and provides overall direction and on-going oversight of HMIS and supervision of project staff, including reasonable divisions of labor; and hiring project staff; also responsible for Municipal Information Systems, Inc. negotiations and relationship.

All HMIS staff members share the responsibilities and duties that include:

(a) Providing training as needed to agency staff

(b) Providing technical assistance and troubleshooting as needed
(c) Providing technical assistance in generating required reports
(d) Visiting all site agencies as needed
(e) Identifying additional data needs of the Continuum and defining programming specifications for system modifications as needed.
(f) Monitoring data quality and compliance to HUD standards.

The Executive Body comprised of HSP management and two representatives from the executive branch of the HMIS Steering Committee shall be the final decision maker of all policies and procedures by which the Baltimore City HMIS is governed. HSP management staff shall be:

(a) Director of Human Services
(b) Director of Administrative Services
(c) Homeless Services Program Director
(d) HMIS Director

Effective Date: June 2010
Revisions Date: August 2010

1.2 HMIS Contract Requirements

Policy: All homeless service programs operating in Baltimore City that are funded by the City (with the exception of domestic violence and legal services programs) shall participate in HMIS and have user licenses and technical assistance covered under their current contracts with the City.

Homeless Services Program is committed to providing quality service to existing and new participating agencies. All Baltimore City operated homeless service programs that are funded by the City are required to participate in HMIS with the exception of domestic violence and legal services programs which is a requirement in the State of Maryland for client - attorney privacy. A contractual requirement of the service programs is to ensure that client specific data is entered into HMIS at each client contact. Data collection into HMIS must be within forty-eight (48) hours of each client contact. All participating agencies must have complete and accurate client data entered into the database by end of each work week. All existing and new participating agencies will have user licenses and technical assistance covered by the HMIS Project grant, administered by Homeless Services Program for the entire continuum of care.

All participating agencies (City of Baltimore funded and non-funded homeless service programs) must sign a Participation Agreement (see Attachment A) with Homeless Services Program.

All participating agencies are responsible for all costs associated with hardware acquisition and maintenance, personnel, and Internet access.

Effective Date: June 2010
Revisions Date: August 2010

1.3 Data Analysis

Policy: MISI staff shall be responsible for data analysis.

Data Analysis is as follows:

(a) Providing data quality reports on a regular basis.
(b) Providing detailed reports on individuals and families accessing shelters, housing and services.
(c) Providing data analysis for reporting purposes to Homeless Services Program for agencies that have contracts with Baltimore City.
(d) Fulfilling reporting requirement for the Annual Homeless Assessment Report (AHAR) to HUD on behalf of the Baltimore City CoC.

Effective Date: June 2010
Revisions Date: August 2010

1.4 Systems Administration, Security, and User Accounts

Policy: System Security and Integrity shall be reviewed on a regular basis.

Baltimore City has entered into a contract with the Municipal Information Systems, Inc. (MISI) to host the HMIS, which is known as ROSIE, and provide system administration of the database. MISI has overall responsibility for the security of the system.

As host and system administrator, MISI performs the following duties:

(a) Maintains the server, on which the database resides.
(b) Audits the daily backup of the file server to ensure data security and accuracy,
(c) Corrects technical malfunctions, re-sets the fileserver and re-establishes access with the user staff,
(d) Assignment of users access and security attributes; and
(e) Provide regular maintenance of features intended to preserve data and system integrity; and being available for phone support as needed.

The HMIS Director at Homeless Services Program holds responsibility for the administration of ROSIE for the Baltimore City continuum of care jurisdiction. This person will be responsible for:

(a) Requesting the addition or deletion of programs and/or users to the ROSIE network.
(b) Authorizing the setup of usernames and passwords for persons authorized to use the system.

(c) Requesting modifications to system as needed for the continuum.
(d) Training staff persons on the uses of ROSIE system including review of the HMIS Policies and Procedures in this document and other policies which impact the security and integrity of client information.
(e) Ensuring that access to ROSIE is granted to authorize staff members' only after they have received training on the HMIS Policies and Procedures and on the R.O.S.I.E application.
(f) Notifying all users of system of interruptions in service and of any new modifications to the system.
(g) Detecting and responding to violations of the Policies and Procedures of Baltimore City HMIS program.
(h) Chairing the HMIS Users Group

Effective Date: June 2010
Revisions Date: August 2010

1.5 Agency Executive Director

Policy: The Executive Director of each Participating Agency shall be responsible for all agency staff that has access to HMIS.

The Executive Director of each Participating Agency will be responsible for oversight of all agency staff that generate or have access to client-level data stored in the database system. The Executive Director holds final responsibility for the adherence of his or her agency's personnel to the HMIS Guiding Principles and Standard Operating Procedures outlined in this document. The Participating Agency's Executive Director is responsible for all activity associated with agency staff access and use of the Regional Online Service Information Exchange (ROSIE) data system. The Executive Director shall establish and monitor agency procedures that meet the criteria for access to the ROSIE software system, as detailed in the Policies and Procedures outlined in this document. The Agency will ensure that the Agency and its staff fully comply with these Policies and Procedures and hereby agrees to fully indemnify and hold harmless the City of Baltimore from any unauthorized use, improper use, or misuse of the software and the system by the Agency and/or its staff, or any violation of law arising out of or in connection with the acts or omissions of Agency and its staff and the Agency's participation in the HMIS reporting process. The Executive Director agrees to limit access to the ROSIE system to staff who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities.

Each Agency must ensure that each user of the system receives the initial training on the system and obtains a logon. Only those with a user ID and password may access and use the system. Sharing of user names and passwords is expressly forbidden. In addition, each user of the system must

agree to and sign an Employee Confidentiality Acknowledgement agreement form (see Attachment B).

The Executive Director also oversees the implementation of data security policies and standards and will:

(a) Assume responsibility for integrity and protection of client-level data entered into the ROSIE system;
(b) Establish business controls and practices to ensure organizational adherence to the HMIS Policies and Procedures;
(c) Communicate control and protection requirements to agency users;
(d) Authorize data access to agency staff and assign responsibility for custody of the data;
(e) Monitor compliance and periodically review control decisions.

Effective Date: June 2010
Revisions Date: August 2010

1.6 End Users

Policy: Staff requiring legitimate access to HMIS shall be granted such access.

All individuals at the Participating Agency levels who require legitimate access to the system will be granted such access. The Participating Agency agrees to authorize use of the ROSIE system only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

Users are any persons who use the ROSIE software for data processing services. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the data security policy and standards as described in these Policies and Procedures. They are accountable for their actions and for any actions undertaken with their usernames and passwords.

The Participating Agency will designate the end users and communicate the end user's name and level of access needed to the HMIS Director at Homeless Services Program before the user can begin using the system. The designated users must participate in the initial training before access is granted. The communication can be made in the form of an e-mail transmission or a letter.

Effective Date: June 2010
Revisions Date: August 2010

1.7 HMIS Users Group

Policy: Baltimore City HMIS User Group meetings are held quarterly (January, April, July and October) on the second Thursday from 9:30 am to 11:30.

Effective Date: June 2010
Revisions Date: August 2010

The purpose of the HMIS Users Group is to bring together participating agencies' HMIS users to share information and make recommendations on a number of factors regarding HMIS. It is a forum for training users on changes and new enhancements to the HMIS. It is also a forum for sharing best practices among agencies, as well as a way to suggest improvements in policy and procedures. It is expected that participating agencies send at least one person to every HMIS Users group meeting.

1.8 Clients

Clients choose to participate in HMIS with written authorization to allow an agency's users to collect and enter their personal information in to HMIS. It is critically important in the use of HMIS that client confidentiality, privacy, and security are maintained at a very high level. The policies and procedures written in this document fulfill basic HUD HMIS requirements, utilize best practices for the industry and are further enhanced for our community.

1.9 HMIS Steering Committee:

Policy: A Steering Committee will provide guidance to the HMIS project in the following programmatic areas: fundraising and resource development; consumer involvement; and quality assurance accountability. The committee shall meet quarterly.

The Steering Committee advises and supports HMIS operations in the following manner: resource development; agency recruitment and participation; quality assurance; and accountability.

Membership of the Steering Committee will be made up of stakeholders from each of the service types to include: shelters and housings for families and individuals, street outreach and other supportive services only programs; and representatives from Homeless Services Program management, the LAG subcommittee and the HMIS System Administrator (MISI).

The Steering Committee is an advisory committee to the HMIS Project. However, the HMIS Director delegates' final authority to the Steering Committee on the following issues:

- Determining the guidelines and principles that should underlie the implementation activities of the HMIS Project and participating organizations;
- Selection of data elements in addition to the minimum data elements to be collected by all participating programs;
- Defining criteria, standards, and parameters for the release of aggregate data; and
- Ensuring privacy protection provisions in project implementation.

Effective Date: June 2010
Revisions Date: August 2010

SECTION 2: PARTICIPATION REQUIREMENTS

Participation Requirements

Policy: The HMIS Director or designated HMIS staff shall communicate all requirements for participation in HMIS.

The HMIS Staff and Partner Agencies will work to ensure that all sites receive the benefits of the system while complying with all policies stated in this document.

Effective Date: June 2010
Revisions Date: August 2010

System Requirements

Policy: Each computer accessing the HMIS shall meet Minimum System Requirements as follows:

(a) Must run Windows NT, XP or Vista;
(b) One (1) gigahertz Pentium Processor or higher;
(c) Web browser must be at least Microsoft Internet Explorer 7.0 or Firefox;
(d) Hard drive with at least nine (9) gigabytes and sixty-four (64) megabytes of RAM;
(e) Must have a keyboard, mouse, and a standard SVGA monitor;
(f) Must have a high speed internet connection greater than 56kv90 (128 KBPS, DSL, or cable);
(g) Must have self-updating anti-virus software protections installed and active;
(h) Must have an active locking screensaver which locks the PC after 5 minutes of inactivity; and
(i) Must be protected by a firewall (which may be hardware or software installed on a network or server).

Effective Date: June 2010
Revisions Date: August 2010

Participation Agreement Requirements

Policy: Each Partner Agency shall comply with the Participation Agreement requirements.

(a) Each Partner Agency must sign a Participating Agreement with the Baltimore City HMIS Project (i.e., Homeless Services Program) where sharing of client level information is to take place.
(b) Before entering Client information into ROSIE, the Agency will obtain Consent to Share Information (Attachment C) from each Client that includes permission for entry of Client data into ROSIE
(c) If a client refuses to sign the Consent to Share form, the data is not entered into R.O.S.I.E. Implied consent is assumed for entry of all Shelterline calling clients.
(d) The Partner Agency shall utilize ROSIE for legitimate business purposes only, and will use Client information as needed to assist in providing adequate and appropriate services;
(e) The Partner Agency shall enter client information into ROSIE within twelve (12) hours of client contact and endeavor to keep information up to date.
(f) The Partner Agency will participate in evaluation efforts to improve and refine ROSIE;
(g) The Partner Agency shall not use the ROSIE database with intent to defraud Federal, State or local governments, individuals or entities, or to conduct any illegal activity;
(h) The Partner Agency agrees to enter no less than the minimum data elements as outlined by Homeless Management Information Systems (HMIS) Data Standards Final Notice, Revised March 2010 for each Client entered;
(i) The Partner Agency shall ensure that any person issued a User ID and password for ROSIE receive client confidentiality training and have signed an Employee/Volunteer Confidentiality Acknowledgement agreement (Attachment B);
(j) The Partner Agency shall follow, comply with and enforce the Employee/Volunteer Confidentiality Acknowledgement agreement.

Effective Date: June 2010
Revisions Date: August 2010

Data Integration

Policy: Agencies currently utilizing the Efforts to Outcome (ETO) system and Marian House Misty systems in lieu of R.O.S.I.E, the Baltimore City HMIS will continue to be responsible for the timely, accurate and otherwise successful transfer of data from their current system to the R.O.S.I.E database.

Effective Date: June 2010
Revisions Date: August 2010

Data Integration Requirements:

1. Both the ETO system and the Marian House Misty system that are being used by agencies for client-level data must be in full compliance with HMIS standards as directed in the Federal Register and in the HUD HMIS Data Standards, Revised Notice March 2010.

2. Agencies must still follow the same policies and procedures for participation as other agencies. These policies and procedures protect client privacy, confidentiality, and security.

3. Agencies will not be allowed to transfer data for any additional programs currently operating or new programs that the agency may implement in the future. Client data for any new or additional programs must be entered directly in the R.O.S.I.E.

4. There may be additional costs to the agency to continue data integration in HMIS as data standards and reporting requirements change.

5. Agencies must be aware that if this option is in use, their clients will not be able to:

    - Have their record electronically shared in real time with other agencies to provide them with easier intakes, and faster service delivery.
    - Receive coordinated case management service across multiple agencies.
    - Benefit from a community-wide collaboration effort to make service delivery better.

Interagency Data Sharing

Policy: Each Agency participating in ROSIE shall comply with Interagency Data Sharing procedures.

(a) All participating agencies in ROSIE in Baltimore City that are not "blind" agencies will share client information.
(b) Participating mental health and substance abuse agencies, including all Shelter Plus Care programs, and other sensitive health programs (i.e., HOPWA programs) participate in ROSIE as "blind" agencies and do not share information electronically.
(c) Each agency participating in ROSIE by sending an integration file must have client consent procedures and a signed Data Interchange with the Baltimore City HMIS and have a Consent Form (see Attachment C) on file for each client in the integration file. Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of employment and criminal prosecution;
(d) Any agency that is found to have consistently and/or flagrantly violated security protocols may have their access privileges suspended or revoked;
(e) Written Client Consent Procedure for Electronic Data Sharing
    a. As part of the implementation strategy of the system software, every participating agency must have client consent procedures and completed forms in place when electronic data sharing is to take place.

Client data that is additionally protected by state or Federal law, including but not necessarily limited to health, substance abuse treatment, and mental health data, is considered "blind" data in the database and is thus automatically treated as confidential with access restricted to the originating agency. Domestic Violence service agencies (by Law) do not participate in the HMIS. However, clients that are victims of domestic violence may be entered into the database if they are serviced by a participating agency.

Effective Date: June 2010
Revisions Date: August 2010

Confidentiality and Informed Consent

Policy: Each Partner Agency shall uphold standards of data confidentiality and obtain informed consent before Client data is entered into ROSIE except the Shelterline, where implied consent is assumed.

(a) Partner Agencies must uphold Federal and State confidentiality regulations to protect client records and privacy.
(b) Partner Agencies must obtain written client consent before entering client data into ROSIE. Users at Partner Agencies must be prepared to explain the terms of consent and/or answer client questions about consent.
(c) Partner Agencies will abide by the Federal confidentiality rules as contained in 42 CFR Part 2 regarding the disclosure of alcohol and/or drug abuse records. In general terms, the Federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Partner Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

Effective Date: June 2010
Revisions Date: August 2010

Privacy Policy Notice

The Baltimore City Continuum of Care (CoC) Privacy Policy Notice (see Attachment F) must be appropriately posted within an agency.

The Privacy Policy Notice is a brief document which describes a consumer's data rights in relation to HMIS.

Each Partner Agency will put into practice the following procedures:

1. Add the Agency Name into the Privacy Policy Notice before printing and posting it.
2. Each workstation, desk, or area that is used during HMIS data collection must post the Privacy Policy Notice.
3. If an agency serves Spanish-speaking clients, the agency must also provide the translated Spanish version of the Privacy Policy Notice (see Attachment G).
4. If an agency has a website, the Privacy Policy Notice must be posted on that website.

Best Practice:

An agency could also post the Baltimore City CoC Privacy Policy Notice in a waiting room, an intake line, or another area where clients congregate before intake occurs. This will give clients another opportunity to read the notice before receiving services.
Effective Date: June 2010
Revisions Date: August 2010

Minimum Data Elements

Policy: Each Partner Agency shall input Minimum Data Elements as defined by the Homeless Management Information Systems (HMIS) Data Standards Final Notice for each client entered.

Partner Agencies that collect data through ROSIE will endeavor to collect, at a minimum, the minimum Data Elements set forth in the March 2010 Revised Notice of HMIS Data Standards. Partner Agencies may develop independent methods to gather this data.

Effective Date: June 2010
Revisions Date: August 2010

Information Security Protocols

Policy: Partner Agencies must develop and have in place minimum information security protocols

At a minimum, a Partner Agency must develop rules, protocols or procedures to address each of the following:

(a) Assignment of user accounts;
(b) Immediate notification of a user's termination or resignation
(c) Unattended workstations;
(d) Physical access to workstations;
(e) Policy on user account sharing;
(f) Client record disclosure;
(g) Report generation, disclosure and storage.

Information Security Protocols or procedures will protect the confidentiality of the data and ensure its integrity at the site, as well as, the confidentiality of the clients.

Effective Date: June 2010
Revisions Date: August 2010

Implementation Connectivity

Policy: Each Partner Agency is required to obtain an adequate Internet connection.

An adequate internet connection is defined as a minimum of 128 KBPS, DSL, or cable connection. Proper connectivity ensures proper response time and efficient system operation of ROSIE. HMIS staff will advise Partner Agencies on the procurement of adequate services upon request. Obtaining and maintaining an

internet connection with minimum 128 KBPS is the responsibility of the Partner Agency.

Effective Date: June 2010
Revisions Date: August 2010

Maintenance of Onsite Computer Equipment

Policy: Each Partner Agency shall maintain onsite computer equipment

Partner Agencies commit to a reasonable program of data and equipment maintenance in order to sustain an efficient level of system operation and maintain the technical standards set forth in Section 2.1 System Requirements.

The Agency Executive Director will be responsible for the maintenance and disposal of on-site computer equipment and data used for participation in ROSIE including the following:

(a) Partner Agencies are responsible for maintenance of on-site computer equipment. This includes purchase of and upgrades to all existing and new computer equipment for the utilization of ROSIE.
(b) Homeless Services Program HMIS staff is not responsible for trouble-shooting problems with internet connections.
(c) The Partner Agency agrees to only print and store data in a secure format.
(d) The Partner Agency agrees to dispose of documents that contain identifiable client level data by shredding paper records, deleting any information from output media before disposal, and deleting any copies of client level data from the hard drive of any machine before transfer or disposal of property. Homeless Services Program is available to consult on appropriate processes for disposal of electronic client level data.

Effective Date: June 2010
Revisions Date: August 2010

SECTION 3: TRAINING

3.1 Training schedule

Policy: Each User must receive initial ROSIE training from the MISI help desk before being granted access to the live system.

Trainings are provided online each Friday focusing on a different population. Trainings are conducted using the GoToMeeting feature on the internet;

therefore participation requires internet and long distance telephone access. The schedule is as follows:

1st Friday will focus on Emergency and Overnight population;
2nd Friday will focus on Transitional and Permanent Housing population;
3rd Friday will focus on the BLIND Agency population;
4th Friday will focus on the SSO, Outreach and Prevention population.

Upon completion of the initial training, staff must call the MISI helpdesk at 1-800-536-6474 to obtain a username and password.

Follow-up group and on-site training and technical assistance with provider agencies shall be provided by HMIS staff.

Effective Date: June 2010
Revisions Date: August 2010

SECTION 4: USER, LOCATION, PHYSICAL AND DATA ACCESS

4.1 Access Privileges to System Software

Policy: Each Partner Agency shall adhere to standard procedures in requesting and obtaining system access.

Partner Agencies will apply the user access privilege conventions set forth in this procedure. Allocation of user access accounts and privileges will be made according to the format specified in this procedure:

(a) User access will be deemed by the Executive Director of the Partner Agency in consultation with the HMIS Director. The System Administrator (MISI) will generate username and passwords within the administrative function of ROSIE.
(b) The System Administrator will create all usernames using the "balxxxxx" format.
(c) Passwords are created by the System Administrator upon the successful completion of the initial training. The System Administrator will communicate the password to the user via a telephone call to the ROSIE helpdesk.
(d) The System Administrator shall terminate the rights of a User immediately upon termination from their current position. The Homeless Services Program HMIS staff is responsible for notifying the System Administrator of a staff termination.
(e) The System Administrator shall terminate the rights of a User after 6 months of inactivity. Usernames are expired immediately.

Effective Date: June 2010
Revisions Date: August 2010

4.2 Access Levels for System Users

Policy: Users shall be assigned an access level appropriate to their role and authority within the Continuum of Care.

HMIS Staff will manage the proper designation of user accounts and will monitor account usage. The Partner Agency agrees to apply the proper designation of user accounts and mange the use of these accounts by Partner Agency staff. It is the responsibility of the HMIS Staff to notify the System Administrator (MISI) to create and de-activate User accounts as needed.

There are four levels of access to the ROSIE system:

(1) System Administrator
(2) HMIS Lead Agency Staff
(3) Blind Agency Access
(4) Shared Agency Access

The level of access granted to the User should be reflective of the access a user has to the client level paper records and access levels should be need-based. Need exists only for those staff, volunteers or designated personnel who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities.

Effective Date: June 2010
Revisions Date: August 2010

4.3 Access to Client Paper Records

Policy: Partner Agencies shall establish procedures to handle access to client paper records.

These procedures will:

(a) Identify which staff has access to the client paper records and for what purpose. Staff should only have access to records of clients, which they directly work with or for data entry purposes;
(b) Identify how and where client paper records are stored;
(c) Develop policies regarding the length of storage and disposal procedure of paper records;
(d) Develop policies on disclosure of information contained in client paper records.

Effective Date: June 2010
Revisions Date: August 2010

4.4 Physical Access Control

Policy: Each Partner Agency shall adhere to Physical Access Control Procedures.

Physical access to the system data processing areas, equipment, and media must be controlled. Access must be controlled for the transportation of data processing media and other computing resources. The level of control is contingent on the level of risk and exposure to loss. Personal computers, software, documentation and diskettes shall be secured proportionate with the threat and exposure to loss. Available precautions include equipment enclosures, lockable power switches, equipment identification, and fasteners to secure the equipment.

(a) Homeless Services Program, in conjunction with the Partner Agencies, will determine the physical access controls appropriate for their organizational setting based on the HMIS security policies, standards and guidelines;
(b) All those granted access to an area or to data are responsible for their actions. Additionally, those granting another person access to an area, are responsible for that person's activities;
(c) Printed versions of confidential data should not be copied or left unattended and open to unauthorized access;
(d) Media containing client identified data will not be shared with any agency other than the owner of the data for any reason. HMIS data may be transported by authorized employees using methods deemed appropriate by the Partner Agency that meet the above standard. Reasonable care should be used, and media should be secured when left unattended;
(e) Magnetic media containing HMIS data that is released and or disposed of from the Partner Agency should first be processed to destroy any data residing on the media;
(a) Degaussing and overwriting are acceptable methods of destroying data;
(b) Responsible personnel must authorize the shipping and receiving of magnetic media, and appropriate records must be maintained;
(c) HMIS information in hardcopy format should be disposed of properly. This may include shredding finely enough to ensure that the information is unrecoverable.

4.5 Laptop Usage

Policy: Laptops may be used to access ROSIE upon request by Partner Agency and approval by Homeless Services Program.

The use of laptops to access ROSIE is limited and may only occur in accordance with the terms of the Laptop Usage Agreement (Attachment D), which must be signed by Partner Agency Executive Directors and individual users of ROSIE. Homeless Services Program must approve all requests to use laptops to access ROSIE and is not responsible for laptop usage outside of these terms.

Steps to activate ROSIE on laptops

(a) The Partner Agency Executive Director must submit all requests to activate ROSIE on laptops to HMIS staff.
(b) HMIS staff will send providers the Laptop Usage Agreement.
(c) The Partner Agency Executive Director must return the original signed Laptop Usage Agreements to HMIS Staff prior to receiving access.
(d) Upon receiving the original signed Laptop Usage Agreement from the provider, HMIS Staff will contact MISI, giving them permission to activate ROSIE on the laptop. HMIS Staff will also inform the provider that ROSIE may be activated on the laptop.
(e) Once HMIS Staff has informed the provider, the provider shall contact the helpdesk at 800-536-6474 to have ROSIE activated on the laptop.

Effective Date: June 2010
Revisions Date: August 2010

4.6 Unique User Identification (ID) and Password

Policy: Each User shall be granted a unique user ID and password.

Only authorized users will be granted a User ID and Password to ensure that only authorized users will be able to enter, modify or read data.

(a) Each user will be required to enter a unique User ID with a Password in order to logon to the system.
(b) User ID and Passwords are to be assigned to individuals.
(c) User IDs and Passwords are generated by MISI, who will inform the individual user of the designation.
(d) The User ID will be 8 characters long and is not case-sensitive, using the “balxxxxx” format.
(e) The password will be a combination of 8 alphanumeric upper- and lower-case characters.
(f) Unsuccessful Logon: If a User unsuccessfully attempts to logon five times, the User ID will be “locked out”, access permission revoked and unable to gain access until their password or through physical security measures;
(g) Access to computer terminals within restricted areas should be controlled through a password or through physical security measures.

(h) Each user's identity should be authenticated through an acceptable verification process;
(i) Any passwords written down should be securely stored and inaccessible to other persons. Users may not store passwords on a personal computer.

Effective Date: June 2010
Revisions Date: August 2010

4.7 Right to Deny User and Partner Agency's Access

Policy: Violations of Security Protocols shall result in denial of access to ROSIE

A Partner Agency or an individual user may have system access suspended or revoked for violation of the security protocols. Serious or repeated violation by users of the system may result in the suspension or revocation of an agency's access.

(a) MISI will investigate all reported and potential violations of security protocols.
(b) Homeless Services Program shall notify the Partner Agency Director or designated contact within one business day of any such suspension or revocation of access, the reason or reasons for such action, and the party responsible for further investigation of the issue
(c) Any User found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include, but are not limited to; a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of employment and/or criminal prosecution.

Effective Date: June 2010
Revisions Date: August 2010

4.8 Data Access Control

Policy: Partner Agencies and Homeless Services Program shall monitor access to the system software.

The System Administrator and Homeless Services Program HMIS staff will regularly review user access privileges and remove identification codes and passwords from the system when users no longer require access. The System Administrator and Homeless Services Program HMIS staff must implement discretionary access controls to limit access to HMIS information when available and technically feasible. Partner Agencies and Homeless Services Program staff must audit all unauthorized accesses and attempts to access HMIS information.

Effective Date: June 2010
Revisions Date: August 2010

4.9 Auditing: Monitoring, and Violations

Policy: Homeless Services Program HMIS staff will monitor access to systems that could potentially reveal a violation of information security protocols.

Violations will be reviewed for appropriate disciplinary action that could include termination of employment and/or criminal prosecution.

All exceptions to these standards are to be requested in writing by the Executive Director of the Partner Agency and approved by the Steering Committee and Homeless Services Program HMIS staff as appropriate. Monitoring shall occur as follows:

(a) Monitoring compliance is the responsibility the HMIS Director
(b) All users and custodians are obligated to report suspected instances of noncompliance.
(c) Homeless Services Program HMIS staff will review standards violations and require or recommend the agency through corrective and disciplinary actions;
(d) Users should report security violations to the Agency Executive Director who will inform the HMIS Director.

Effective Date: June 2010
Revisions Date: August 2010

4.10 Local Data Storage

Policy: Client records containing identifying information that are stored within the Partner Agency's local computers are the responsibility of the Partner Agency.

Partner Agencies should develop policies for the manipulation, custody, and transmission of client-identified data sets. A Partner Agency will develop policies consistent with Information Security Policies outlined in this document regarding client-identifying information stored on local computers.

Effective Date: June 2010
Revisions Date: August 2010

4.11 Data Quality Plan

Policy: All data in ROSIE must meet the minimum data quality standards set forth below.

(a) As the HMIS Lead Agency, Homeless Services Program is responsible for ensuring that the Baltimore City Continuum of Care produces quality data in the HMIS.
(b) All Partner Agencies receiving HUD funds or other funds through Baltimore City for homeless services are required to enter client data into the City's HMIS (R.O.S.I.E) within 12 hours of client contact.
(c) All Partner Agencies entering into the HMIS must update program specific data on each client at program entry, at exit from program and at least annually on all open cases.
(d) All data entered into the HMIS must be accurate and complete as defined in this document.

Accurate – all universal data elements and program specific data elements are collected in the HMIS as reported by the client.

i. Complete – all HUD-funded programs (not including domestic violence and legal service agencies) must enter client data in the HMIS. 75% of all beds in non-funded programs participating are covered in the HMIS.
ii. Missing values in data received via integration must not exceed 10% of all clients served in any given month.

(e) HMIS staff will conduct regular monitors of agency participation in HMIS per the following protocol:
    i. To monitor for delinquent client cases on the database, run the "Age of last Program Status Change Report" from R.O.S.I.E on a monthly basis and follow-up with providers as necessary for corrective action.
    ii. Client cases that have not had a status code update documented on R.O.S.I.E for 30 days are determined to be delinquent.
        1. Upon notification, Partner Agency staff must update the client file within 24 hours.
        2. The System Administrator (MISI) will automatically close delinquent cases that have not been updated in exactly 35 days.
(f) The System Administrator (MISI) will conduct regular monitors of the database for delinquent cases and apply automatic cleanup as follows:
    i. All client data received via integration for some service types (i.e., drop-in centers and day resource centers) will be automatically purged when the client was referred to "case management" in R.O.S.I.E but has been in "new referral" status for over 3 months.

Effective Date: June 2010
Revisions Date: August 2010

4.12 Using Client Data for Research Projects

Policy: HMIS personal protected information (PPI) client data may be disclosed for academic research conducted by an individual or institution under a written research agreement approved in writing by Homeless Services Program, the covered homeless organization.

Requirements for Disclosure of Data:

1. A written research agreement must clearly state the rules and limitations for the processing and security of PPI in the course of the research.

2. The agreement must provide for the return or proper disposal of all PPI at the conclusion of the research.

3. Any additional use or disclosure of the data is restricted, except where required by law.

4. Recipients of data must formally agree to comply with all terms and conditions of the research agreement.

5. Appropriate approval by an Institutional Review Board, Privacy Board or other applicable institution must be secured by the research project.

6. Recipients of data must provide Homeless Services Program a copy of the final report from the research project.

SECTION 5: TECHNICAL SUPPORT AND SYSTEM AVAILABILITY

5.1 Planned Technical Support

Policy: MISI staff shall provide training and full technical support to all partner agencies on the use of the system software.

MISI staff will assist agencies in:

(a) On-going technical support to address software related problems and for changes to individual record files;
(b) On-going Training; and 7 days a week helpdesk;
(c) Assign users and security attributes;
(d) Provide regular maintenance of features intended to preserve data and system integrity. Such features include passwords, sign-on capabilities and software lockouts.

Effective Date: June 2010
Revisions Date: August 2010

5.2 Agency Service Request

Policy: Homeless Services Program staff shall respond to requests for system change as determined necessary.

Agencies shall contact Homeless Services Program staff with request to modify or add functionality to ROSIE After a thorough review of the request, Homeless Services Program staff may submit a Project Monitor request to MISI, who will make appropriate changes to the system and notify Homeless Services Program. Program staff will coordinate user testing with the requesting agency to verify the successful implementation of the requested changes.

Effective Date: June 2010
Revisions Date: August 2010

APPENDIX I – Attachments

Attachment A: Participation Agreement

The Baltimore City Homeless Management Information System (HMIS)
Regional On-line Service Information Exchange (ROSIE)
Agency Participation Agreement

_____ (hereafter referred to as "the Agency") wishes to use the ROSIE HMIS software. ROSIE is a HIPAA compliant online database used to record and retrieve client-level and systems-level data and to assist homeless service organizations across the city of Baltimore to capture information about the clients that they serve.

This agreement applies to the following programs operated by the Agency for HMIS functionality: _____
_____
_____

All data entered into ROSIE is owned by the Agency entering the data. Client-level identifying information will not be released by the Homeless Services Program for any reasons other than those required by law. Examples of legal release may include: public health emergency, terrorism/homeland security emergencies, and/or a subpoena by law enforcement officials.

As a community database, ROSIE enables different agencies to record information about clients and services within a single common software system. The Agency understands that it is a participant in a community database, and basic demographic information for any client who has signed a consent form is shared in common with other ROSIE users who are also serving the same client, once the client has entered their program.

Data and Reporting
The Agency may view, enter, and edit all information on their clients within ROSIE. They may enter an unlimited number of clients and service records into ROSIE and may run an unlimited number of reports in ROSIE. Reports may be built based on required data fields and/or custom fields that the Agency has specified. Consultation for custom reporting in ROSIE is available from the Mayor's Office of Humans Services, Homeless Services Program (HSP) and the Municipal Information Systems, Inc. (MISI).

HMIS Specific Requirements
The Agency agrees to use the ROSIE software as part of the community's effort to provide accurate data on homelessness, for their own record keeping of all

client level data, and as a reporting tool for all reports necessary for the Agency and its funders. MISI is under contract with Baltimore City as the HMIS System Administrator. As such, MISI will perform data quality assurance and security checks; utilize the data for system administration; provide technical support, auditing, and research; and maintain system compliance with legal and regulatory requirements for HMIS systems.

As the lead Agency for HMIS for the Baltimore City Continuum of Care (CoC), Homeless Services Program may release aggregate data for the purpose of community-wide reporting on CoC activity. HSP will not release any program-specific or client-level data without the consent of the individual except as required by law.

The Agency agrees to the following terms for using ROSIE in accordance with federal and local HMIS rules:

HMIS Data:
1. The Agency may not use ROSIE system participation, or data, as a reason to deny outreach, shelter, or housing to a client.

2. The Agency commits to entering truthful, accurate, complete, and timely information to the best of their ability on all clients receiving homeless services.

3. The Agency agrees to allow clients to view their own HMIS data and request changes or corrections to their file.

4. Agencies may customize their data collection, including additional client-level information as may be needed by their program(s), but must collect all HMIS-required field data as indicated in the US Department of Housing and Urban Development (HUD) HMIS Data Standards (identified in ROSIE as required fields).

5. The Agency agrees that data entered into ROSIE will be monitored by MISI. MISI will merge duplicate client records on a quarterly basis.

6. Public reporting in aggregate either collectively, by program, or by service type (e.g. emergency assistance, transitional housing, etc.) for all CoC programs enrolled in ROSIE as part of HMIS will be released as needed.

7. The Agency agrees to abide by the policies and procedures as are written in the Baltimore City CoC HMIS Policies and Procedures Manual. These include: confidentiality, client consent and data entry requirements. Agencies also agree to assure that all employees and agents comply with these policies.

HMIS Client Consent and Notification
1. The agency agrees to use the Client Consent Form to document informed consent for each client entered into the system.

2. The Agency agrees to maintain physical copies of client consent forms and other data entry supporting documentation for a minimum of seven years; and to allow annual audits of client records by the HMIS System Administrator.

HMIS User Support
1. Training and User Support for HMIS is provided by the MISI free of charge to CoC participating agencies.

2. Technical support for ROSIE will be provided to the CoC by the software vendor, MISI.

Training and Technical Assistance:
1. MISI will provide technical assistance for troubleshooting and report generation.
2. HMIS staff at HSP will also provide on-site technical assistance and additional training as needed.

End Users
An "end user" is a paid staff person or volunteer at an agency who is designated by the Executive Director of the Agency as a ROSIE user. The Agency may designate and terminate end-users at their discretion. Each end user will have a unique username and password, which may not be shared with any other person and which governs the security level for that end-user. All end users will receive initial training provided by MISI for ROSIE use prior to receiving their unique username and password.

The Agency is responsible for supervision of end-users and assuring that security, confidentiality, and data integrity are maintained. The Agency will report any breaches of confidentiality, consent, and actual or suspected misuse of data or the ROSIE software system to HSP immediately. MISI, as the HMIS system administrator, may terminate an individual's user access rights upon violation of confidentiality provisions. The user's supervisor will be notified immediately. Termination of an individual user will not necessarily affect the Agency's overall participation in the system. Reinstating the user will be determined through discussion with the Agency's Executive Director, the HMIS System Administrator and HMIS staff at HSP.

System Hardware, Software and Connectivity
Agencies are responsible for purchasing and maintaining approved computer systems, operating system software, networks, and internet access. Because of the confidential nature of data stored within ROSIE and its use as a community database application, the system must be accessed from a secured and semi-

private location. Computers located in public areas will not be given access to ROSIE. Each user must have their own unique username and password to access the computer/network from which they access ROSIE. All computers that access ROSIE must have up-to-date anti-virus software installed and running.

The Agency acknowledges that it has no rights to ownership of the ROSIE software or code. The Agency and its employees are prohibited from and have no right to sell, distribute or transfer the original or any copy of the software or the software manual. Nor are they permitted to allow any unauthorized non-participating third party to access or use the software.

MISI will maintain the hardware and software required to support the ROSIE system for community wide use, perform regular data backups of all data stored in ROSIE, and comply with industry standards and the HUD HMIS Security Standards for data security. In general, the data and the software will be available for access 24 hours per day. ROSIE may be unavailable for short periods to conduct standard maintenance and/or system upgrades. MISI will make every effort to provide advance notice to users if and when the system will be unavailable. Users will be notified of system upgrades or changes.

Eligibility and Termination

This agreement will automatically renew annually unless the Homeless Services Program or the Agency chooses to terminate the agreement. In such cases a 30 day notice will be provided to the other party by the terminating party. The Agency may terminate this agreement upon 30 days written notice if they no longer choose to participate in ROSIE. Data already in the system will remain in the system; will continue to be used in aggregate reporting and for client searches (based on consent); and cannot be removed. The Agency understands that homeless funding requiring participation in HMIS may be jeopardized by their termination. Homeless Services Program may terminate any agency that violates confidentiality or other provisions of this agreement.

Signatures

The above named Agency agrees to all terms associated with this Agreement.

_____ _____

Signature of Agency Director Date

_____

Print name

_____ _____

Witness Date

_____

Print name

Attachment B: Employee Confidentiality Acknowledgement

EMPLOYEE/VOLUNTEER CONFIDENTIALITY ACKNOWLEDGEMENT

In order to perform the duties and responsibilities required of me as an employee of the _____, I acknowledge that I will have access to and be required to review confidential records and information. I understand that I am prohibited from discussing confidential information contained in records, or otherwise learned by me, or releasing confidential records and other information, except as expressly authorized and required by my duties. I am also prohibited from sharing records or information with other employees and volunteers of _____ unless they have a right to the information in the administration of their duties. If I have any doubt about the propriety of my sharing confidential information, or releasing records, I am required to consult with and follow the directions of my immediate supervisor or other administrators in the chain of command. I may also consult with legal services.

I acknowledge that certain of the information I obtain and records I review are considered confidential under MD Code Annotated, Article 88A §§ 6 and 6A and Coder of Maryland Regulations (COMAR), Title 7, and that unauthorized disclosure is a criminal offense punishable by a fine of up to $500, incarceration for up to 60 days, or both. I further acknowledge that certain records and information are also governed and made confidential by provisions of Family Law Article (adoptions and adult protective services records and information), Health General Article (medical records and information), and State Government Article §10-611 *et. seq.* (adoptions, welfare, financial, social/psychological, and medical records with separate civil and criminal penalties). I understand that any actions I take as an employee or volunteer of _____ must be in full compliance with the above referred to statutes and regulations, and other confidentiality laws that may be applicable.

I acknowledge that in addition to the penalties provided for in Article 88A, §6, and State Government Article §§10-627 and 10-628, any violation of the confidentiality requirements stated in this acknowledgement may also result in disciplinary actions up to and including termination of my employment. By signing this acknowledgement, I state that I understand the confidentiality requirements of my position as an employee or volunteer of _____ and will fully comply with these requirements.

_____ _____

Signature of employee/volunteer Date

_____

Print name

_____ _____

Witness Date

_____

Print name

Attachment C: Consent to Share Information

Regional Online Service Information Exchange (R.O.S.I.E.)
Client Intake System

Consent to Share Information

The ROSIE system is a computerized record keeping system that captures information about people experiencing homelessness, including their service needs. The organizations and programs participating with Baltimore Homeless Services, Inc. have agreed to use ROSIE as their data management tool to collect information on the clients they serve and the services they provide.

This process benefits you because you will not have to complete an additional intake interview. Intake information can be shared, with your written consent, from one service organization or program to other collaborating programs. Your information will be shared electronically via a secure, database system. The information that you share will be used to help you access services from multiple sources that will help you obtain and maintain permanent housing.

CONSENT

I, _____ (signature) consent and authorize to have information on me and/or my family shared among all collaborating programs and organizations for the purpose of assisting me/us to obtain temporary or permanent housing and other supportive services. I understand that the intent and purpose of this sharing of this information is to help the servicing programs/organizations better understand and assist in serving my/our needs. I understand that I may be advised to seek treatment for any medical, mental health, chemical dependency, and /or abuse issue that may be interfering with me obtaining permanent housing. I understand that the information disclosed would be limited to information obtained from me through the intake interview process. Only information necessary to provide me/us with needed services will be disclosed and under certain circumstances, consistent with federal regulations, comply with law enforcement requests.

This consent is subject to revocation by me at any time except to the extent that the program or organizations, which are to make disclosure, have already taken action in reliance on it. If not previously revoked, this consent will terminate one year from the signing of this document or when the case management staff declares the case closed, whichever is sooner.

_____ _____

Signature of Program Staff Member Date

Attachment D: Data Interchange

Data Interchange with
The Baltimore City Homeless Management Information System (HMIS)
a.k.a.
The Regional Online Service Information Exchange (ROSIE)

I, _____(Name of Client)_____authorize and consent to the release of information about myself and my family for the purposes outlined below:

1. I understand that the information requested of me and documented by (servicing agency) is necessary for (servicing agency) to serve me and/or my family or may be useful in understanding my situation in order to determine how best to help me. "Information" means:

    - Any information asked by (servicing agency) staff in order to serve me as a client.
    - Any medical, mental health or substance abuse information either by client or physician report or via report from a third party (with prior consent).
    - Any current or past housing or treatment information for me, as a client, or my family.

2. I understand that _____(servicing agency)_____ uses an electronic client tracking system and that any information I give will be typed into the Servicing Agency's database management system and sent over the Internet in an encrypted file to The City's HMIS known as the Regional Online Service Information Exchange (ROSIE). I understand that certain information will also be shared electronically with other organizations who provide homeless services (in conjunction with the City's Homeless Services Program) and have committed to use of ROSIE in strict adherence to the City's and HUD's permitted usage.

3. I also understand that certain non-identifiable information may be used to help governmental agencies and other organizations assess the needs of and provide services to the area or as a funding or other requirement of servicing agency).

4. I understand that Consent to retrieve or share information through means other than what has been outlined on this page may require an additional consent form, which will be addressed on a case by case basis.

5. I understand that my consent to release information is strictly voluntary and that I may revoke this consent at any time. I further understand that any revocation of this consent will not affect the waiver of confidentiality as to information already disclosed. If not previously cancelled, this Consent will terminate two years from the signing of this Consent.

I acknowledge that I have received a copy of this consent form.

_____ _____
Signature of Client Signature of Counselor

Date:_____ Date:_____

Attachment E: Laptop Usage Agreement

This Laptop Usage Agreement ("Agreement") is made and effective this _____ day of _____, 2012 by and between _____ and Mayor's Office of Human Service Homeless Service Program ("MOHS-HSP").

Pursuant to this Agreement, _____agrees to abide by the following terms when using laptops or other portable devices to access the ROSIE HMIS database:

- Laptops and other portable devices may only be used to access ROSIE from locations authorized by the_____ as appropriate for entering data. Accessing or attempting to access ROSIE at any other location, public or private is strictly prohibited.

- _____ is solely responsible for any breach in confidentiality, loss or theft of data, or other consequences which result from accessing ROSIE from an unauthorized Agency location and MOHS-HSP and the City of Baltimore bear no responsibility or liability for any such occurrence.

- _____ shall not permit any representative or employee of (_____) or any other individual to use a laptop or other portable device to access ROSIE unless a signed agreement to abide by the terms of this Agreement by said individual is on file with the _____ and MOHS-HSP.

By execution of this agreement _____ agrees that neither it, nor any of its agents, representatives and/or employees will: (a) release confidential information, (b) use any information provided for personal use, or (c) give access to this information to any unauthorized persons. Should any term of this Agreement be breached or otherwise violated, permission to access the ROSIE HMIS database shall be revoked and the _____ shall assign another representative or employee of the _____ to access ROSIE. Said breach may be grounds for termination of the grant agreement with MOHS-HSP.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

_____ seal

_____ seal

Mayor's Office of Human Service
Homeless Service Program

Attachment F: Privacy Policy Notice

Privacy Policy Notice

Service Provider Name:_____

Baltimore City Homeless Information Management Network

This Agency receives funding from the U.S Department of Housing and Urban Development to provide services for homeless and near homeless individuals and their families. A requirement of this funding is that the agency participates in ROSIE, the Homeless Management Information system for Baltimore City, which collects basic information about clients receiving services from this Agency. This requirement was enacted in order to get a more accurate count of individuals and families who are homeless and to identify the need for different services.

We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is available to all consumers upon request.

You do have the ability to share your personal information with other area agencies that participate in the network by completing a "Consent to Share Information" form. This will allow those agencies to work in a cooperative manner to provide you with efficient and effective services.

Public Notice (Federal Register/Vol.69,No.146)/Effective August 30, 2004

Consumer Notice

Attachment G: Privacy Policy Notice (Spanish translation)

Proyecto de Comunicación del Consumidor

Proveedor de servicios Nombre :_____

Información de la Ciudad de Baltimore Red de Gestión de Personas sin Hogar

Esta agencia recibe fondos de los EE.UU. Departamento de Vivienda y Desarrollo Urbano de prestación de servicios para personas sin hogar y cerca de las personas sin hogar y sus familias. Un requisito de este financiamiento es que la agencia participa en ROSIE, las personas sin hogar Sistema de Gestión de Información para la ciudad de Baltimore, que recoge información básica sobre los clientes que reciben servicios de esta Agencia. Este requisito se promulgó con el fin de obtener un recuento más exacto de las personas y familias que no tienen hogar y para identificar la necesidad de diferentes servicios.

Nosotros sólo recogemos información que consideren apropiadas. La recopilación y uso de toda la información personal se rige por normas estrictas de confidencialidad. Una copia de nuestra Notificación de privacidad describe nuestras prácticas de privacidad está disponible para todos los consumidores bajo petición.

Usted tiene la capacidad de compartir su información personal con los organismos de otra área que participan en la red, completando un "Consentimiento para Compartir Información" forma. Esto permitirá a las agencias para trabajar en forma cooperativa para ofrecerle servicios eficientes y eficaces.

Aviso al Público (Federal Register/Vol.69, N º 146) Con efecto a 30 de agosto 2004